1F - Academic & Clinical Relationships

A - Search for

5 - Public Health Experiences for Students & Graduates

c - minutes of subcommittee for investigation of social & health aspects

2 - January, 1949 through March, 1953

Delegates

10

PLEASE NOTE THE RECOMMENDATION BY THE COMMITTEE FOR INFORMATION ABOUT THE GRADUATE NURSES' PUBLIC HEALTH NURSING OBSERVATION PROGRAM.

(Bottom of first page and continued on page 2.)

April 21 1949

-- THE GRADUATE AND HEAD NURSE SCHEDULE FOR THE SUMMER MONTHS HAS BEEN SENT TO THE DIRECTORS OF THE SCHOOLS OF NURSING --

Integration 10

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

April 21, 1949
3:30 p.m.

The Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum met on Thursday, April 21, 1949, 3:30 p.m. at 261 Franklin Street. Those present were Miss Ballam, Mrs. Chester, Miss Ford, Mrs. O'Brien, Miss Porter, Miss Welsh, and Miss Larson presiding.

The minutes of the last meeting were accepted as circulated.

Miss Larson stated that she got in touch with Sister Josephine at the Carney Hospital and was informed that there is a State League Committee on Ward Teaching which covers the entire state, with Sister Josephine as the Chairman. Miss Larson pointed out that it should be interesting to watch the work of this committee.

There followed a general discussion on the bibliographies given by Mrs. Chester (Dermatitis), Mrs. O'Brien (Out-Patient Department), and Miss Ford, who presented a list on Maternity Nursing and others on Nursing Care of the Convalescent Patient, Geriatrics and Orthopedic Nursing, The Chronic Patient, The Orthopedic Patient and the Public Health Nurse, Industrial Nursing and the Orthopedic Nurse, Rehabilitation of the Handicapped (Including Social, Economical, and Psychological Factors), Development and Present Status of Program for Care of the Crippled Child, Nursing Care of Children, Nursing Care of the Handicapped Child, and Education of the Crippled Child -- all reference readings and compiled by the Boston University School of Nursing. These have been mimeographed and are enclosed with this report. A list is also enclosed on "Health Education" which Miss Farrisey has obtained from the Harvard School of Public Health.

Miss Welsh stated that Miss Wedgwood agreed it would be possible to have students observe the Tuberculosis Diagnostic Center which will start in September. The question to be determined is -- will hospitals feel they should send the student out for an additional helf day or should this be a part of the one day observation? It was felt that Miss Wedgwood would have to determine, first of all, about how many students she will be able to take. Miss Welsh pointed out that this planning would not begin until fall.

The question was raised as to whether or not instruction should be given to graduate nurses regarding the public health nursing agencies before they go out on their day of observation. Both Miss Welsh and Miss Ballam expressed the desire to have hospitals do this if it is at all possible. It was stressed that any graduate who could not keep her appointment should notify the agency beforehand. The Committee, therefore, recommended

> that the graduate nurses who are to observe with a public health nursing agency for one day receive preparation for the experience in the hospital.

The suggestions of this committee for the preparation of the student should be used as a guide in determining the needs for the preparation of the graduate. The suggestions include:

1. General knowledge of community services and facilities for the promotion of public well-being.

2. A knowledge of the public health nursing agencies to be visited.

3. A comprehension of the outstanding health and social problems in the city of Boston.

4. General directions and information for the observation.

Miss Larson stated that this was the last meeting for the year unless something special comes up and that the committee will start again in the fall.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETARY

Notes by C.G.

Integration
Jan. 13 - 49
29

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

January 13, 1949
3:30 p.m.

The meeting of the Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum was held on Thursday, January 13, 1949, 3:30 p.m. at 45 Bromfield Street, Boston. Those present were Miss Norma Larson, Chairman, Miss Ruth Ballam, Mrs. Ruth E. Chester, Mrs. Margaret Fessenden, Miss Elizabeth Hart, Miss Sally Johnson, Miss Alton Kalian, Sister Maurastella, Sister St. Clare, Miss Elizabeth Porter, Miss Evelyn Rosen, Miss Elsa Storm, and Miss Mary Welsh.

Miss Larson opened the meeting at 3:30 and the minutes of the last meeting were accepted. The price of the 6 maps mentioned in the minutes of December 1, 1948, was given by Mrs. Hayward at the last meeting. These will be about $1.00 or $1.25 each and $13.50 for a set of six mounted on cardboard.

Outline B -- Having been sent to all members of the committee, this outline was presented for final approval. The only suggestion made was that a form be set up for each school of nursing regarding the student who is to observe. The content of the form was discussed. This form will be set up and presented at the next meeting for approval. The public health nursing agencies felt that this would be very helpful to their nurses.

It was agreed that both Outline B and the Follow-Up Conference in the School of Nursing will stand as is.

Announcement of material prepared up-to-date -- It was felt that some announcement of the work which has been accomplished by this committee should be made known to other people in the State with some explanation to go with it. It was suggested that this information could be mentioned in the Council Bulletin, the Massachusetts Organization for Public Health Nursing News Letter, and the Massachusetts League of Nursing Education would probably make some notice of it.

Bibliographies -- The annotated bibliographies were taken up next. Miss Larson stated that she had received lists on Tuberculosis, Venereal Disease, Heart Disease, Nursery Schools, and Communicable Disease Control. In order to have a better understanding of what is considered most helpful in a bibliography for the members of the group, Miss Porter read her submitted bibliography on Heart Disease and Miss Larson, Communicable Disease Control. It was decided that a selected list (very good, excellent) of writings relating to the subject be compiled rather than a complete (including fair, good) bibliography. The Committee will discuss a few of these bibliographies at each meeting until they are completed.

Ward Teaching Program -- Beginning the discussion on what is being done about the integration of social and health aspects into the ward teaching program, Mrs. Chester discussed a conference which took place on one of the wards of the Massachusetts Memorial Hospitals. The interesting conference consisted of a discussion of a patient with many problems by the physician, student nurse who cared for him in the outpatient department, and the nurse who was giving care in the hospital. Mrs. Chester said that such a conference lasts about one hour and is held irregularly.

Miss Rosen stated that plans are being made to utilize the Referral System for Nursing Care for discussion with the students.

Miss Larson mentioned a conference which took place at the Massachusetts General Hospital in which the physical therapist, dietitian, social worker, and three students who knew the patient had attended.

One question brought up regarding this ward teaching was -- "How do you go about educating head nurses to assign patients to students? Is there a set program for getting at the vital people? Miss Larson felt that having head nurses meet every week with supervisors is one solution to this problem.

The ward teaching programs will be further discussed at the next meeting.

Mrs. Dorothy S. Hayward, R.N.
Secretary

Notes by C.G.

Jan. 13 - 1949

Discussion - bibliography

Beginning of Wordsworth

program

A meeting of the Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum will be held on Wednesday, February 9, 1949, 3:30 p.m. in the conference room of the Greater Boston Community Council, 261 Franklin Street, Boston. 4th floor.

A suggested form for the information regarding the student nurse who is to observe with a community agency is enclosed. The suggestions made at the last meeting are included. Please give it consideration for discussion at the next meeting.

Also, for the meeting, give thought to the following questions:

Can we determine just what we hope to accomplish in the ward teaching program for the integration of social and health aspects?

Can we set up specific objectives for the program? If so, please consider what the objectives should be.

Integration
Feb. 9-1949
30

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

February 9, 1949
3:30 p.m.

A meeting of the Integration Committee was held on Wednesday, February 9, 1949, 261 Franklin Street, Boston. Those present were Miss Norma Larson, Chairman, Miss Ruth Ballam, Mrs. Ruth Chester, Miss Betty Updegraff, Sister Maureen Marie, Sister Maurastella, Miss Ethel Easter, Mrs. Margaret Fessenden, Miss Evelyn Rosen, Miss M. Ford, Miss Mary Welsh, Mrs. Mary O'Brien, and Miss Madeline Mahoney.

Miss Larson introduced Miss Ford from the Peter Bent Brigham Hospital and Sister Maureen Marie from St. Elizabeth's Hospital.

The minutes of the last meeting were approved as mailed to each member of the committee.

Form -- The Chairman asked for comments on the suggested form for information regarding the student nurses who are to observe with a community agency. (This form was sent out with the announcement of this meeting). Miss Ballam said that she took it up with the supervisors to determine whether the student should bring the form with her or mail it to the agency. It was felt that the observer should take this along with her other material for the day's observation. It was agreed that the form contained all the necessary information desired and would not need anything more. Miss Updegraff wondered how helpful it would be to the supervisor to know the date of the orientation and the date of the follow-up. After some discussion, it was felt that since some of the students will not know these dates at the time of filling in the form, it would eliminate a great deal of confusion to omit them.

The form, "Information regarding student nurse who is to observe with a community agency," was accepted and it was understood that each school participating in the student nurse observation experience should be encouraged to use it. Because no changes were made, the suggested form as sent out with the announcement of the meeting can be used as a sample.

Preparation for observation experience-- It was questioned again whether two hours is needed for the orientation. It was brought out that at least one hour is needed to give the factual information, and in order to include all of the outline, two hours does not seem too much to spend on this. The school's responsibility for preparing students as suggested by the Committee was stressed. The personnel of the three public health nursing agencies involved expect such preparation. Miss Updegraff asked if the two hours of orientation and the one or two hours follow-up is part of class hours. Most hospitals agreed that this is considered to be part of the class hours.

Bibliographies -- Miss Updegraff read her bibliography on the administration of a program for the integration of the social and health aspects of nursing. One of these books concerned the importance of establishing contracts, and it was felt that the Chairman should present this problem to the overall committee for consideration. Sister Maurastella presented a bibliography on tuberculosis and Miss Welsh one on Child Hygiene. The committee suggested other books for these lists, and the additions will be included on the mimeographed copies which are enclosed with this report.

Ward Teaching Program -- Can we determine what we hope to accomplish in the ward teaching program for the integration of the social and health aspects?* It was felt, however, that interpretation of what we are trying to accomplish is necessary, especially in relation to the content and method. The Chairman felt that the committee should not try to go into every disease.

Mrs. O'Brien has sets of questions on the integrated aspects of nursing, which the Children's Hospital is just starting to use, and will bring in one set for the next meeting.

Sister Maurastella stated that approximately every two weeks a conference is held in which there is a discussion regarding a particular patient. They do not discuss whether or not there is a possibility of the patient obtaining certain help from either the Health Department or the Visiting Nurse Association. If a patient is referred to some agency, the reason for such a referral is taken up. The case study might be a discussion by the students or may involve a visit by the intern.

Miss Larson presented some possible objectives for the integration of health and social aspects in the ward teaching program. These have been stated by many authors on the subject and do not represent a complete list of objectives.

To develop an added appreciation of the real health significance of all the hygienic aspects of nursing care necessary for all patients.
To become more aware of the significance of maintaining a healthful and pleasant environment for the patient on the ward--physical and mental comfort.
To create an interest in and to understand the importance of:
a. Knowing the history of each patient cared for
b. Knowing the health practices of the patient and family
c. Knowing the health conditions in the home and community of the patient.
d. Knowing the future plans for medical and nursing care.
To develop some competence in judging the health needs of individuals and families.
To develop the ability to give instructions and information of the right kind at all times.
To recognize illness as a result of social forces like poverty, overcrowding, ignorance and malnutrition and also as the principal cause of social problems and family maladjustments.
To further knowledge of facts regarding the health and sickness of the particular community in which she works.

Miss Ballam wanted to know how the above was being accomplished. Informal and formal discussions on the wards and clinics centering around the patients known to the students. These discussions may be individual conferences or group clinics. All those participating in the education of the student nurse should contribute to these objectives.

The material Mrs. O'Brien mentioned will be taken up at the next meeting and Miss Farrisey will discuss how these questions were used in the planning of the curriculum.

Mrs. Dorothy S. Hayward, Secretary
c.g.

*The difficulty and the possible inadvisability of attempting to isolate these factors when we are trying to integrate them throughout the entire curriculum was understood by all members.

Feb. 9-1949

? of Contracts
Objectives of integration
of s.+h. aspects in
land leasing program

Integration
Rel. 3-49

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

31

March 3, 1949

The Committee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum met on Thursday, March 3, 1949, at 261 Franklin Street, Boston. Those present were: Miss Larson, Chairman; Sister Maurastella with Miss Virginia Maher, Miss Farrisey with Mrs. Frances Kellogg, Mrs. Fessenden, Miss Johnson, Miss Hart, Miss Porter, Miss Welsh, Mrs. O'Brien, Miss Ford, Miss Rosen, and Mrs. Hayward.

The minutes of the last meeting were approved as mailed to the members of the committee.

The Chairman reported that she presented the suggestion of establishing contracts between schools of nursing and the community nursing agencies to Miss Johnson who agreed to take the necessary steps.

Miss Farrisey presented the material which has been obtained from Miss Tell, Yale University School of Nursing. This project was worked out by the senior students at the University. It consists of charts listing specific facts related to the social and health aspects of surgical, medical, obstetrical, pediatric, and orthopedic services. These charts provide a method for the school of nursing to determine exactly where and how frequently these facts are being taught in the classroom and on the clinical services.

There followed a general discussion on this material led by Miss Farrisey and Mrs. Kellogg, an instructor at the Baptist Hospital. Miss Farrisey discussed Unit I -- Correlation of Health and Social Implications in the Course in Nursing Arts (as outlined in the National League of Nursing Education Curriculum Guide for 1937) -- and explained how this was coded to show the extent of their coverage at the Baptist Hospital. She showed the members present the Master Plans for these courses and said that, theoretically, it took her about 693 hours to review all the points on the sheets plus other necessary facts with the instructors in the school and to draw up the plans. When asked if this was worthwhile, she said that the faculty was pleased to have helped bring out these points and that the students have an appreciation of what the school is trying to accomplish.

Mrs. Kellogg then went over Unit II -- Correlation of Health and Social Concepts in the Course in Medical and Surgical Nursing (as outlined in the National League of Nursing Education Curriculum Guide for 1937) -- and explained their coverage here quite thoroughly. The head nurses were asked to cooperate in the use of the charts and assisted in determining where and to what extent the facts are being considered. After the many floors had completed this, Mrs. Kellogg was able to determine the weaknesses and strengths of the ward experiences available and the ward teaching program. Careful planning of the ward teaching program makes it possible to reach all students. Daily 15 minute conferences are held which include graduate nurses, head nurses as well as the students. The students are given a quizz at the end of a week of such conferences. Special plans are made for the evening duty nurses. The presentation of oral case studies by the students is proving to be a very satisfactory educational tool.

The use of this material has made it possible to determine the strengths and weaknesses of the integration of social and health aspects into the basic curriculum and, therefore, has provided the means for improving such integration. Miss Farrisey and Mrs. Kellogg are now trying to determine a method of evaluating the content which is being given.

Miss Larson expressed appreciation for this very interesting discussion and asked if copies could be made available to members of the committee. Miss Pekrul, director of the school of nursing at the New England Baptist Hospital, has agreed to give the Nursing Council the stencils on this material and copies will be available for all those wishing them.

The meeting was adjourned at 5:00 p.m.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETARY

c.g.

Integration
March - 31 - 1949

32

GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

March 31, 1949
3:30 p.m.

The Committee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum met on Thursday, March 31, 1949, 3:30 p.m. at 261 Franklin Street. Those present were: Miss Ballam, Mrs. Chester, Miss Farrisey, Miss Ford, Miss Johnson, Miss Kalian, Mrs. O'Brien, Miss Rosen, Miss Welsh, and Miss Larson presiding.

With the exception of the following correction, the minutes of the last meeting were approved as circulated:

CORRECTION -- "The 693 hours is the total number of hours spent in integrating the theory in the undergraduate program."

Copies of the material which was presented by Miss Farrisey and Mrs. Kellogg at the last meeting (Correlation of Health and Social Implications in the Course in Nursing Arts - Correlation of Health and Social Concepts in the Course in Medical and Surgical Nursing) are now available to all members wishing them.

Miss Larson stated that she had given a report of this committee at a meeting of District #5 of the Massachusetts State Nurses Association held March 30. Miss Johnson then read the following recommendations made by the Greater Boston Community Survey pertaining to this committee:

(1) The possibility should be explored of using other types of workers in public health whom the student can accompany into the home.

(2) An effort should be made to have the students in the school observe in the home the same patients whom they served in the hospital.

(3) This committee should provide the leadership in planning the public health nursing experience for graduates as well as the students in the basic curriculum.

(4) The cost of all types of student public health nursing field experience should be determined with the public health nursing agency through application of the new cost accounting method being developed by the NOPHN and interpreting the validity of the costs.

(5) Need of developing and promoting contracts between nursing schools and public health nursing agencies.

(6) a. Priority should be given to those collegiate programs which have approved programs of study in public health nursing.

b. Until other standards are developed, the ratio of 1 student to 3 staff nurses for an urban area be maintained.

(7) Promote adoption of the requirements of the NOPHN for all types of public health nursing positions in tax-supported and voluntary agencies.

Consideration of these recommendations by the overall committee is necessary before this sub-committee assumes any action. Members, however, should be aware of the recommendations and what is happening to them. The Chairman stated that the Summary Report of the Survey is $1.50 and can be purchased from the Research Bureau of the Greater Boston Community Council. Mimeographed divisional reports are available from $1.00 up, depending upon the amount of mimeographing which had to be done to produce a copy.

The question was raised as to what is considered another public health worker. The committee mentioned such workers as nutritionists, social workers, home teachers, etc.

There followed a general discussion about having students channeled in such a way so that they may observe a Tuberculosis Clinic during the fall survey. Miss Welsh suggested that when undergraduates are assigned for the one day observation, some of them could go on a T. B. day. It was agreed to approach Miss Wedgwood about the possibility of student nurses observing the Tuberculosis units.

Bibliographies - The Chairman stated that she hoped to finish these by the next meeting if possible. Mrs. O'Brien discussed her review of books on "Community Clinics" and Miss Kalian went over her list on Cancer and V. D. Members of the committee contributed additional references to these lists and they will be included in the mimeographed copies. Miss Larson stated that there were many other subjects to be compiled but as yet have not been assigned to anyone. Miss Farrisey agreed to do one on "Health Education".

Ward Teaching - The Chairman asked the group if they felt anything more should be done about integration on ward teaching and whether or not objectives should be set up. It was suggested that the committee start fresh in September and invite clinical people to attend the meetings. It was pointed out that there is a committee on ward teaching which meets at the Carney Hospital once every four or five weeks. Miss Larson agreed to find out more about this committee. It was agreed that the ward teaching program could be taken up in the fall.

At this point, Miss Larson asked if there were any further problems to be discussed. Mrs. O'Brien inquired about the Greater Boston Inter-Agency Referral Forms and there was a general discussion on how these forms were being handled in the hospitals.

Miss Johnson informed the group that letters would be sent to each school of nursing in Boston asking for the number of graduate nurses wishing to observe with a public health nursing agency during the summer months.

The meeting was adjourned at 5:15 p.m.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETRAY

Notes by C.G.

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GREATER BOSTON NURSING COUNCIL

MINUTES OF INTEGRATION COMMITTEE MEETING

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1. General knowledge of community services and facilities for the promotion of public well-being.

2. A knowledge of the public health nursing agencies to be visited.

3. A comprehension of the outstanding health and social problems in the city of Boston.

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Miss Larson stated that this was the last meeting for the year unless something special comes up and that the committee will start again in the fall.

MRS. DOROTHY S. HAYWARD, R.N.
SECRETARY

Notes by C.G.

GREATER BOSTON NURSING COUNCIL

REPORT OF THE SUB-COMMITTEE ON INTEGRATION

September 6, 1949

The last report of the chairman of this Committee was presented on October 21, 1948, at a meeting of the Committee to Consider Observation and Affiliation for Students and Graduates in Public Health Nursing.

Nine meetings of the Integration Committee were held from October, 1948, to April 21, 1949, with an average attendance of eleven public health integrators, representatives from the three Boston public health nursing agencies and visitors.

The experience provided by each community agency--Boston Department of Health, Nursing Division of the Boston Public Schools, and Visiting Nurse Association of Boston--for the student nurse's one day observation was discussed and organized to form "Outline B." The suggestions made at this time included:

a. That each community agency may assume that each student will have been given the content for preparation for the observation (Outline A) before the observation experience.

b. That each public health nurse should be informed of important facts regarding the student's hospital experience and education. A form providing for this information was devised; a form to be filled out by the student at the time of her orientation in the school of nursing and to be presented by her to the public health nurse.

c. That each public health nurse with whom the student is to observe should have essential information regarding the agency, standards for nursing techniques and nursing care, the observation program, and advance notice of the date of observation.

The follow-up conference in the school of nursing on the one day observation with a community agency was considered. The committee's objectives for this conference are:

a. Direct the students' thinking about the individual experiences of the one day observation.

b. Encourage their thinking toward the application of knowledge gained in the field to nursing in the hospital.

c. Further interpret the effects of illness on patients, families, and communities.

Suggested methods toward accomplishment of the objectives and a suggested plan for the conference were set up.

The above subjects completed the consideration of the student nurse's one day observation with a community agency for the time being. In summary, the committee has considered and made suggestions which are available from the Greater Boston Nursing Council on:

a. Objectives of the one day observation.

b. The preparation of the student nurse by the school of nursing (Outline A).

c. The experience provided by each community agency (Outline B).

d. Follow-up conference in the school of nursing on the one day observation with a community agency.

The graduate nurse's one day observation was given some consideration by this committee. It was suggested that the graduate nurse receive the same preparation for her experience as was recommended for the student.

A bibliography on the integration of health aspects in the basic curriculum was started. Most of the members contributed references on specific subjects which were presented and discussed in the meetings. The following bibliographies were completed:

1. Administration of a program for the integration of the social and health aspects of nursing into the basic curriculum.
2. Child Hygiene
3. Children, Nursing Care of
4. The Chronic Patient
5. The Convalescent Patient, Nursing Care of
6. The Crippled Child, Development and Present Status of Program for Care of
7. The Crippled Child, Education of
8. Dermititis
9. Faculty Preparation
10. Geriatrics and Orthopedic Nursing
11. The Handicapped Child, Nursing Care of
12. Health Education
13. Heart Disease
14. Maternity Nursing
15. Nursing School
16. Rehabilitation of the Handicapped
17. Orthopedic Patient and the Public Health Nurse
18. Out-Patient Department
19. Venereal Disease.

Cancer - U.S. PHS. pamphlet

Ward teaching programs for the integration of health aspects were given considerable thought. Some of the members presented the activities of their respective schools in relation to this. A valuable meeting was one in which Miss Ruth Farrisey and Mrs. Frances Kellogg of the New England Baptist Hospital discussed their experience with the use of charts which had originated at the Yale University School of Nursing. These charts provide a method for the school of nursing to determine exactly where and how frequently the facts related to social and health aspects are being taught in the classroom and clinical services. The charts for Nursing Arts and Medical and Surgical Nursing were made available and sent to members of the Committee.

The "Committee Season" was nearing a close so the Committee agreed that ward teaching be a project for the fall and that clinical supervisors be invited to attend and participate in the meetings. It was made known that there is an MLNE Committee on Ward Teaching with Sister Josephine of Carney Hospital as Chairman, and it was suggested that an effort be made to determine the contribution of this group to the subject of ward teaching as a means of integrating health and social aspects into the basic curriculum.

It is necessary for this chairman to resign her responsibility of this Committee because of plans to attend the Harvard School of Public Health this fall. I do wish to express my appreciation for the cooperation of all members of the Committee.

Respectfully submitted

Norma C. Larson, Chairman

Ward teaching programs for the instruction of health aspects were given considerable thought. Each of the members presented the activities of their respective schools in relation to this. A valuable meeting was one in which Miss Ruth Hartley and Mrs. Thomson Rolling of the New England Baptist Hospital discussed their experience with the use of charts which had originated at the Yale University School of Nursing. These charts provide a method for the school of nursing to determine exactly where and how frequently the facts related to social and health aspects are being taught in the classroom and clinical services. The charts for Nursing Arts and Medical and Surgical Nursing were made available and sent to members of the Committee.

The "Committee Season" was nearing a close so the Committee agreed that ward teaching be a discussion at the fall district conferences by instructors, students and staff members in the conferences. It was decided that the Committee on Ward Teaching with Instructor Helen Hartley Hurlbut as Chairman and it was agreed that Mrs. Thomson Rolling be asked to observe the conferences and to report back to the Committee. [illegible] the Committee on Ward Teaching [illegible] a report [illegible] aspects into the [illegible] Committee.

[illegible] the Committee [illegible] for the cooperation of all members of the Committee.

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NURSING COUNCIL OF UNITED COMMUNITY SERVICES

REPORT OF SUB-COMMITTEE ON INTEGRATION
OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM

April 20, 1950

The Sub-committee on Integration has prepared the following report in compliance with the request of the Parent Committee, that some material be prepared in consideration of the one day observation being used for integration purposes and the proposed opportunity for a lesser number of student to have a longer period of experience of public health nursing.

The sub-committee met in-toto on March 21, 1950, and decided that still further study might be interesting. It was felt that one group of this sub-committee might study the one day observation, another group, the one day observation plus a repeat observation; and the last, the prolonged two or four-week shadow period. It was decided that the sub-committee divide into 3 sections-- Some members were chosen arbitrarily and others were placed on the committee of their choice.

The separations were as follows:

One day observations

Miss Hardeman, M. G. H.
Miss Kalian, Faulkner Hospital
Sister Maurastella, St. Elizabeth's
Mrs. Considine, St. Elizabeth's
Miss Branagan, School Dept.
Mrs. Hackett, Mass. Dept. of P. H.
Miss Farrisey, N.E.B.H.

One Day Observation plus a repeat in the Senior Year

Mrs. O'Brien, T. C. H.
Mrs. Olmstead, P.B.B.H.
Miss Carr, T.V.E.D.H.
Miss Rosen, B. I. H.
Miss Welsh, Boston Health Dept.
Miss Stelsi, N.E.B. for W & C
Mrs. Hayward, Sec'y for this group at final meeting.

Prolonged Observation--2-week and four-week periods

Miss McCarroll-B. U.
Miss Updegroff--Simmons
Miss Collins-B.C.
Miss Pethauskos--MMH
Miss Hughes-- V. N. A.
Miss Foley--B. C. H.
Miss Lynch--B. C. H.

AMERICAN COUNCIL OF GERMAN CITIZENSHIP INSTITUTE

REPORT OF SUB-COMMITTEE ON INTERVIEWING
OF THE SOCIAL AND HEALTH AGENCIES OF NEWTON IN THE BASIC CURRICULUM

April 20, 1950

The Sub-committee on Interpretation has prepared the following report in compliance with the request of the Parent Committee, that some material be prepared in detail relative to the one day observation being used for interpretation purposes and the proposed opportunity for a longer number of students to have a longer period of experience of public health nursing.

The sub-committee met initially on March 21, 1950, and decided that until further study might be interesting. It was felt that one group of this sub-committee might study the one day observation, another group, the one day observation plus a longer observation, and the last, the proposed two or four-week service period. It was decided that the sub-committee divide into 3 sections-- Some students were chosen arbitrarily and others were placed on the committee of their choice.

The assignments were as follows:

One day observations

Miss Hardman, M. G. N.
Miss Kelley, Typhoid Hospital
Sister Mowatt, Sr. Elizabeth's
Mrs. Connelly, St. Elizabeth's
Miss Ivanoff, School Dept.
Mrs. Hewitt, Mass. Dept. of P. H.
Miss Ferriday, M.P.H.N.

One Day Observation plus a repeat in the Senior Year

Mrs. O'Brien, T. C. H.
Mrs. Gimbrede, P.H.H.N.
Miss Dorr, T.V.N.H.N.
Miss Hanson, S. I. H.
Miss Wolsh, Boston Health Dept.
Miss Stoiel, M.H.S. for W & C
Mrs. Hayward, Sub'y for this group at final meeting.

Prolonged Observation--2 week and four-week periods

Miss McCarroll-B. G.
Miss Upchurch--Illmore
Miss Collins-B.C.
Miss Fetherston--NWH
Miss Hughes-- V. N. A.
Miss Foley--S. C. H.
Miss Lynch--B. C. H.

The findings, therefore, of the subcommittees are actually the findings of each specific study group. Each group asks the parent group to bear with them in this rough presentation of facts, because time was too short to permit any polishing of this data.

Each group worked on its sets of objectives having first considered the objectives prepared by the subcommittee on integration for October 21, 1948.

These objectives appear below, together with an interesting note which Miss Petkauskos of MMH brought forward for consideration.

Central Objective

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all.

Contributing Objectives

1. To understand better the patient as an individual, his relationship to the family, and such other factors as may affect his physical, emotional, and social well-being in the hospital, home and community.

2. To develop an appreciation of the nurse's role in the continuity of medical care, including the prevention of disease, and promotion of physical and mental health.

3. To see at first hand a day's work of a nurse in a community agency and to gain a better appreciation of the contribution of the agency.

4. To increase awareness of the interrelationships of health and social agencies.

5. To develop further an awareness of community life and problems peculiar to the geographic area observed by the student.

The following recommendation was made recently to the Massachusetts Memorial Hospitals School of Nursing by the Accrediting Committee of the National League of Nursing Education:

It was suggested that a day's observation be given the student in the Out-Patient Department the day before the student is assigned for a day's observation in the community. During the observation in the out-patient department, the student should follow the patient from the admitting room

through the clinic visit. It was felt by the committee that it would make the student's observation in the community more meaningful to her. In order to enhance the student's experience, the day in the out-patient department should also include orientation of student to the community pointing out socio-economic factors, etc. The committee was very much interested in the program functioning in Boston.

Mary R. Petkauskos
Massachusetts Memorial Hospitals

One Day Observation Study Group

This group concluded that the Central Objective cited in the October, 1948 list must be considered the ultimate objective; and that, in any case, some rewording of that objective was in order:

"to understand better the part played by the family, the nurse, the hospital (as a health agency), and the community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all."

It was further decided that the ultimate objective needed a qualifying paragraph to the effect that the attainment of the goal so stated through a single day of observation was not possible, but that continuous referral to that experience in relating it to new learning might bring the average student to the full realization of the ultimate objective.

The group further concluded that certain other contributing objectives might be arrived at, but if one faces the situation realistically--the one day's observation as ordinarily provided for and the usual followup can yield only one well-defined impression--and that continuous guidance is necessary in order to develop these fleeting impressions into workable notions contributing to total nursing and medical care.

Certain assets of the one day's observation were reviewed:

1) The experience is better than nothing.

2) The experience enhances clinical instruction.

3) The experience helps the student to interweave social and medical factual data.

4) The experience is easier to schedule than the others under consideration.

5) The experience helps students to comprehend home problems.

6) Experience with the V.N.A. probably helps with greater comprehension of Geriatrics and Home Nursing Problems.
Experience with the Health Department probably helps with greater comprehension of Communicable Disease, Genito-Infectious Disease, and Tuberculosis Nursing Problems.
Experience with the School Department probably enhances the value of the Pediatrics Course--

Liabilities Reviewed:

1) There is dissimilarity in the kind of observation available by the different agencies--see 6 above.

2) Without proper indoctrination and follow-up, the experience can be confusing rather than otherwise.

3) The value of the day's observation is variable depending upon the nurse to be shadowed, the indoctrination of the student, the type of case seen, the kind of follow-up provided, etc.

Again, it was agreed that the one day observation needed review by all agencies involved--and that this committee might concern itself with recommendations to agencies and hospitals.

It was, therefore, the decision of this group to lower their sights considerably and state that the ultimate objective is as stated above. The central objective might be:

"to understand better the patient as a individual, his relationship to the family, and such other factors as may effect his physical, emotional, and social well-being in the hospital, home, and community". Certain other goals might be attained in the one day's observation, but probably only by the unusual student. The students, for example, working in hospitals using the referral plan might be brought to an increased awareness of the interrelationships of health and social agencies.

Certain aspects of the one day's observation were reviewed:

1) The experience is better than nothing.
2) The experience enhances clinical instruction.
3) The experience helps the student to interweave social and medical factual data.
4) The experience is easier to schedule than the others under consideration.
5) The experience helps students to comprehend home problems.
6) [illegible] with greater comprehension [illegible] Diseases, Cardiac-Infectious Disease, and [illegible] probably enhances the value of the Pediatric Course.

Limitations Reviewed:

1) There is limited variety in the kind of observation available by the different agencies--see 5 above.
2) Without proper preparation and follow-up, the experience can be confusing rather than educative.
3) The value of the one day's observation is variable depending upon the agency, the worker, the individual interest of the student, the type of case seen, the kind of follow-up provided, etc.

Again, it was agreed that the one day observation needed review by all agencies involved--and that this committee might concern itself with recommendations to agencies and hospitals.

It was, therefore, the decision of this group to lower their sights considerably and state that the ultimate objective is as stated above. The general objective might be:

"To understand better the patient as a individual, his relationship to the family, and such other factors as may affect his physical, emotional, and social well-being in the hospital, home, and community." Certain other goals might be attained in the one day's observation, but probably only by the unusual student. The students, for example, working in hospitals using the referral plan might be brought to an increased awareness of the interrelationships of health and social agencies.

The committee took it upon itself to consider the time when this one day observation might most profitably be given. It was felt that improvement in total nursing service could be observed even in very young students following a day's observation with the V. N. A. This application of familiar nursing principles to the home situation was felt to be quite readily appreciated by even young students. The observations with the School Department and the Health Department might more profitably be given when the students are older in terms of nursing experience. The less easily comprehended function of the nurse in the teaching role and relatively divorced from nursing service was thought to be a stumbling block in the path of understanding of the average young student.

Again it was felt that the indoctrination outline (Outline A) was probably quite confusing to the average one day observer. It was thought that a more concrete discussion of the problems of contact and approach in the home versus the hospital might be more useful to the average student than the other more complex outline.

It was felt that Outline A had use to enhance and complement the other general discussion of community considerations. Again, it was felt that one day observations could be made more valuable if each follow-up group conference could be held jointly by a clinical, a theoretical, and a public health instructor. Only by so doing does it seem possible to interweave this observation into the whole cloth of nursing knowledge.

It was finally recommended that if the one day's observations were to be continued, a re-consideration of goals, plans, techniques, and uses of the experience seems indicated by hospitals and agencies concerned.

The One Day Observation Plus a Repeat Observation With a Community Agency

This committee realizes the difficulties involved in scheduling such an observation program for both agencies as well as schools, but hastens to point out many assets in such a plan. The matter of whether or not the observations should occur with the same or with different agencies was only briefly discussed and the committee felt that no conclusion could be validly reported out.

Here below, however, appear the objectives formulated by this group:

Central Objective

To understand better the role of the family, nurses (community and hospitals) and other community agencies in promoting health, preventing disease and caring for the sick, with optimum health the goal for all.

Contributing Objectives

First Day of Observation

1. To understand better the patient as an individual, his relationship to the family and such other factors as may affect his physical, emotional and social well-being in the hospital, home and community.

2. To see at first hand a day's work of a nurse in a community agency, and to gain a better appreciation of the agency's function and contributions to the community.

3. To develop an awareness of community life, and problems peculiar to the geographic area observed by the student.

Second Day of Observation

1. To develop further appreciation of the nurse's role in the continuity of nursing and medical care, including the prevention of disease and promotion of physical and mental health.

2. To increase awareness of the interrelationship of Health and Social Agencies with emphasis on the hospital's responsibility regarding the teaching of patients and referral to community agencies.

The Extended Student Affiliation

Central Objective

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick in a country which is endeavoring to reach a goal of optimum health for all.

Two-Week Affiliation	Four-Week Affiliation
Major Aim To gain knowledge of a specific nursing agency and an awareness of other health and social agencies in the community as they provide service for individuals and families.	**Major Aim** To gain an understanding of nursing, health and social agencies in the community as they provided services for individuals and families.
Experience Objectives 1. To gain an awareness of health, economics, and social problems as they exist in the families and community and the effect of such problems upon illness and health. 2. Availability of community facilities and resources for health and welfare. 3. Cooperative planning between hospital and other community agencies for continuity of service. 4. The family as a unit of service and as a social unit with a inherent responsibilities and privileges.	**Experience Objectives** 1. To gain an understanding and some appreciation of the effect of health, social, and economic problems as they exist in families and communities. 2. Interrelationships of a nursing agency with other community agencies.

Course Outline

To understand better the part played by the family and community in the promotion of health, prevention of disease, and the care of the sick, the student should be able to reach a goal of optimum health in the community.

Two-Week Utilization

Junior Health and Public Service in Medicine

The student should be able to develop the community as the base point in rendering a specific service.

To gain knowledge of a specific community and an awareness of individuality and an realization.

Preliminary Objectives

1. To gain an understanding of health, economic, and social problems as they exist in the families and communities.

Experience Objectives

1. To gain an awareness of the effect of such problems upon illness and health.

2. Availability of community facilities and resources for health care and welfare.

3. Cooperative planning between community and other community agencies for the availability of services.

4. The family as a unit of service and as a social unit with a inherent responsibilities and privileges.

Two-Week Utilization

Junior Health and Public Service in Medicine

To gain knowledge of a specific community as the base point in rendering a specific service.

To gain an understanding of certain health and social problems in the community as they affect the individuals and families.

Preliminary Objectives

1. To gain an understanding of health, economic, and social problems as they exist in the families and communities.

Experience Objectives

1. To gain an understanding and awareness of the effect of such problems upon illness and health.

2. Availability of community facilities and resources for health care and welfare.

3. Cooperative planning between community and other community agencies.

4. The family as a unit of service and as a social unit with a inherent responsibilities and privileges.

Two-Week Affiliation	Four-Week Affiliation
5. Relationships between the family member, the family and the community.	
6. The opportunity to observe individuals of different age groups in their family relationships as a basis for a wider appreciation of human problems.	
7. An awareness of the opportunity for health teaching in different nursing situations and the nurse's responsibility in teaching the principles of positive health.	
8. An awareness of the patient as an individual in the community.	
Specific Objectives	Specific Objectives
To observe and to some degree participate with the staff worker in:	
1. Activities in home, clinic, school, industrial plant.	
2. Use of community resources for the individual and family.	
3. Planning program for one day, one week.	
4. Work with individual and family in helping them to understand and solve their own problems.	
5. Writing and using records as a tool for service.	

Two Week Affiliation	Four Week Affiliation
Specific Objectives	Specific Objectives
6. Adaptation of basic skills, techniques, procedures in home or clinic situations.	
7. Use of teaching opportunities and adaptation of teaching methods and content to the interests, needs and abilities of the individual, family group.	

This group had not completed all of the work on this dual assignment.

It was felt generally that the 2 week observation might bring the average student to an awareness of some of the items above: a four week observation might bring the student to a knowledge, an understanding, and possibly an appreciation of the above objectives.

NURSING COUNCIL OF U. C. S.

REPORT OF SUB-COMMITTEE ON INTEGRATION

June 26, 1950

As a result of the study currently in progress in the Integrators' Committee, certain conclusions have been arrived at.

So much dissimilarity of function and of emphasis was encountered that from the questionnaires we are unable to arrive at a tentative job description or yet a tentative set of job criteria.

Many variables affect the job of the integrator, i.e., who hired her, what her status is in the faculty and/or hospital group how long she has been at the job, what her title is; and many others.

The questionnaires used have shown us that whereas many integrators have made forays into various fields, the questionnaire does not allow for a statement in what degree.

The Committee brought the questionnaire to E. Clement of the Visiting Nurse Association who said that the tabulating of this material would not be difficult but that because of the extreme diversity of findings, the master sheet would need innumerable supplementary, explanatory charts.

It has been deemed advisable, therefore, to suspend temporarily activity on these questionnaires and try a new tack. It was thought that the N. O. P. H. N. might be contacted to determine whether or not another study of this kind has been conducted in another area; if so, contact that area and ask to see the findings of that study. It seems that if no other area has done such a study, several areas should be located to determine whether or not integrators in these areas are beset by similar problems. The areas suggested are New York, Detroit, Cleveland, Los Angeles, New Haven, Jersey City Medical Center, Johns Hopkins, Philadelphia General, Baptist Hospital in Memphis, University of Houston, some area in the North West, Chicago, and Buffalo.

It was also thought that integrators from schools lying outside the Metropolitan Area be asked to join our integrators' group.

The small committee also felt that as we continued to work upon the project we should like to request a liaison person or persons to be appointed from our parent committee.

Finally, I have found some value in a time study which shows the distribution of time in my job. This study actually absorbs about 20 hrs. per year and is worth the time and effort spent because it shows trends your job takes. The small committee would like to suggest that twelve integrators keep a time study for the months of July through December in triplicate. One copy to go to the director of the individual school, one copy kept by its author, and one copy sent to the chairman of the integrators' committee for tabulation. By so doing, we believe we can find out how and in what areas time is being spent by integrators in our community. The time study is a useful tool to the integrator and to her director; it ought to serve as a useful tool to us working on this project of determining the integrators' function in the Boston scene.

Ruth Farrisey, R. N.
Chairman

NURSING COUNCIL OF N. Y. C.

REPORT OF SUB-COMMITTEE ON INTERPRETER

June 26, 1950

As a result of the study currently in progress in the Interpreters' Committee, certain conclusions have been arrived at.

The much dissimilarity of function and of emphasis was uncovered that from the questionnaires we are unable to arrive at a tentative job description or set of tentative set of job criteria.

Many variables affect the job of the interpreter, i.e., who hires him, what her status is in the facility and/or hospital group, how long she has been at the job, what her title is, and many others.

The questionnaires used have shown us that whereas many interpreters have made favorable job ratings (title), the questionnaire does not allow for a statement in what they do.

The Committee brought the questionnaire to N. Clement of the Training Have Association who said that the tabulating of this material would not be difficult but that the value of the survey diminishing of time-the master sheet would need innumerable additionary explanatory data.

It has been decided advisable, therefore, to suspend temporarily activity on the questionnaire and try a new tack. It was thought that the N. O. J. N. might be interested in entering whether or not another study of this kind has been conducted in another area; if so, contact that area and get to see the findings of that study. If we find that if no other area has done such a study, several areas should be looked to where interpreters or not interpreters in their areas are hired by similar problems. The areas suggested are New York, Detroit, Cleveland, Los Angeles, New Haven, Jersey City, Medical Center, Johns Hopkins, Philadelphia General, Bellevue Hospital in Memphis, University of Kansas, some area in the North West, Chicago, and Buffalo.

It was also thought that interpreters from schools lying outside the Metropolitan Area be asked to join our interpreters' group.

The small committee also felt that we continued to work upon the project we should like to request liaison persons or persons to be appointed from our parent committee.

Finally, I have found some value in a time study which shows the distribution of time in my job. This study actually absorbs about 60 hrs. per year and is worth the time and effort spent because it shows trends your job takes. The small committee would like to suggest that every interpreter keep a time study for the months of May through December in triplicate. One copy to go to the director of the individual school, one copy kept by the student, and one copy sent to the chairman of the Interpreters' committee for tabulation. By so doing, we believe we can find out how and in what areas time is being spent by interpreters in our community. The time study is a useful tool to the interpreter and to her director; it ought to serve as a useful tool to us working on this project of determining the interpreters' function in the Boston area.

Ruth Barlow, R. N.
Chairman

Boston, Mass.
June 30, 1950

Miss Muriel Vesey
The Children's Medical Center
Longwood Avenue
Boston, Massachusetts

Dear Miss Vesey:

Our Integrators' Committee met on Wednesday, the 28th, and the matter of a liaison person from the directors of schools in the cities or from our parent committee was discussed.

The group voted to request that one director serving on the parent committee be asked to serve on our committee, and we have requested the N. L. N. E. through Miss McCarroll to appoint another director to serve on our committee also. We should like to have these two persons serve with us particularly during the time when we are deliberating on the job of public health nurse in the hospital situation. Miss McCarroll felt that two directors should be on our committee rather than only one.

Can you approach your group to determine if one of their number will serve with us and let me know? Although we shall be working on the project at hand on and off all summer, we shall not really require the presence of the person you appoint until the autumn.

Thank you for your help and support.

Yours sincerely,

Ruth F. Harrisey

Chairman-Integrators' Committee

RMF/bg

Boston, Mass.
June 30, 1950

Miss Muriel Veeny
The Children's Medical Center
Longwood Avenue
Boston, Massachusetts

Dear Miss Veeny:

Our Interpretors' Committee met on Wednesday, the 28th, and the matter of a Mission person from the directors of schools in the offices or from our parent committee was discussed.

The group voted to request that one director serving on the parent committee be asked to serve on our committee, and we have requested the M. L. W. E. through Miss Moderroll to appoint another director to serve on our committee also. We should like to have these two persons serve with us particularly during the time when we are deliberating on the job of public health nurse in the hospital situation. Miss Moderroll felt that two directors should be on our committee rather than only one.

Can you approach your group to determine if one of their number will serve with us and let us know? Although we shall be working on the project at hand on and off all summer, we shall not really require the presence of the person you appoint until the autumn.

Thank you for your help and support.

Yours sincerely,

Chairman-Interpretors' Committee

MT/jg

July 1, 1950.

Dear Miss Farrisey:

Thank you for your note.

We certainly shall appoint a director to serve on your committee but if you do not need her assistance until fall, I think I shall wait until a little later.

I note that the over-all committee has very few hospital school directors on it and it would be wise perhaps to bring in someone who is not now on the committee.

You will hear from me again.

Yours sincerely,

Report of the Sub-Committee on Integration
to Over-All Committee Meeting, November 20 /50

The Integrators' Committee would like to report that the time study will be concluded on November 15. It has been kept continuously since October 2, 1950. Nine persons have participated.

The study form has been found to be a malleable tool and the participants have had no difficulty in making their records fit its framework. Some further refinement of the directions for using the sheet was found necessary but it was not difficult to arrive at solutions to the problems of usage.

To date, it is easily observable that the majority of the participants are involved principally in nursing education; two participants swing wide of the mark and are absorbed principally in administrative tasks. These are the only trends which can be reported at this time.

At the conclusion of the study, a general editing of the study forms will be made by the participants. It is planned at that stage to report our findings to the entire Integrators' Committee; heretofore only the study participants have met to discuss progress. The problem of tabulation of the data is still under discussion. It is our hope that the material can be tabulated by statisticians or by clerks. The tabulated data and edited sheets will once again be reviewed by the participants. Then the whole body of information will go to a neutral committee for analysis.

We of the Integrators' Committee have asked the following people to serve on such a committee: Miss K. Pierce as an arbitrator and leader, Miss O. Nelson as a League Member and School of Nursing Principal, Miss E. Voorhies from the V.N.A., Miss Irene Carr, an Integrator whose job is heavily administrative, and Miss M. Petkauskos, whose job is well established in the educational realm. Miss Farrisey will act as consultant only on call. It seemed wiser to make this committee as neutral as possible in order to avoid skewing of the findings or bias in the end results. We believe that this committee will be ready to go to work by the first week in January, 1951. It is our further hope that the study can be reported out formally during the late spring, 1951.

We have been asked by the N.O.P.H.N. to prepare our study for publication. The preparation of a suitable article, we expect, will be no mean task.

We wish to thank our parent committee for moral support and Mrs. Hayward for trouble shooting all down the lines for us.

NURSING COUNCIL

SUB-COMMITTEE ON INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM

ANNUAL REPORT
March 15, 1951

The chief activities of the 1950-51 year have been the preparation, institution, tabulation, and analysis of a Time Study for those workers who are engaged in a full-time integrator's job.

The Time Study was planned to demonstrate the variable job demands, etc., being met by these integrators. Although the jobs of these integrators are supposed to be roughly similar, and although the positions and echelon status of integrators in schools of nursing are roughly the same, the study to date has revealed multiple differences in job demands, function, aims, and goals attained.

A brief preliminary study of the time schedules of the nine participants shows two of them to be heavily involved in hospital and personnel administration and the remainder involved in student, staff and faculty education. The group working most intensively in education is involved variously from heavy emphasis in formal curriculum teaching, to almost total out-patient department teaching, to great involvement in ward teaching.

Tabulation by a statistician of the findings will be started in March, 1951, and review and analysis of the findings by a neutral committee will be started as soon thereafter as possible. All findings will be returned to the hospital administrators hiring these integrators. It is hoped that from the study some criteria for job responsibilities and job goals can be worked out.

Respectfully submitted,

*Ruth Farrisey, R.N., Chairman

Sister Adele, R.N.
Sister Mary Paul, R.N.
Sister Maurastella, R.N.
*Rebecca Bowles, R.N.
Marion E. Branagan, R.N.
*Irene Carr, R.N.
Mary Collins, R.N.
Mary Donnelly, R.N.
Jane Dignan, R.N.
Alton A. Kalian, R.N.
*Rosemary MacIsaacs, R.N.
Olive Nelson, R.N.
*Sylvia Peabody, R.N.
Elizabeth Osler, R.N.
*Mary R. Petkausko, R.N.
*Elizabeth Porter, R.N.
Dorothea Rancourt, R.N.
*Evelyn Rosen, R.N.
*Josephine Scelsi, R.N.
Alma Amoroso, R.N.
A. Betty Updegraff, R.N.
Eleanor Voorhies, R.N.
Mary Welsh, R.N.
Ruth F. Wheeler, R.N.

Muriel Vesey, R.N. (ex-officio)

Sophie C. Nelson, R.N. (ex-officio)

*Time Study Group

SUB-COMMITTEE ON INTEGRATION

A meeting of the Sub-Committee on Integration was held on Tuesday, December 18, 1951 at 10:30 a.m. in the 6th floor conference room of the Mason Memorial Building, 14 Somerset Street, Boston. Those present were: Miss Ruth Farrisey, Chairman, Miss Mary Donnelly, Mrs. Rosemary MacIsaacs, Miss Sylvia Peabody, Miss Elizabeth Porter, Miss Virginia Lowe, Miss Alton Kalian, Miss Rebecca Bowles, Miss Mary Petkauskos, Miss Mary Collins, Miss Jane Bragdon, and Mrs. Dorothy Hayward, UCS staff.

In opening the meeting, Miss Farrisey explained that due to Miss Irene Carr's illness she would continue as chairman of the committee until February 1, 1952.

Miss Farrisey then turned to the business of the meeting which was a discussion of the completed time study. She reported that the first report of the study had been given to Miss Vesey and Mrs. Hayward in June. The next report was given to the Delegate Body of the Nursing Council on October 23, 1951 and a report had been given to the parent committee and to the Board of Directors of the Nursing Council. The Board of Directors of the Nursing Council approved the report and recommended that a follow-up be made in a year to see whether or not any of the recommendations made had been carried out. They further recommended that there be some study of clinical teaching since it was pointed out in the study that all those participating had some difficulty in this area. The Board of Directors of the Nursing Council agreed that the findings be published but that the schools of nursing should give their permission first.

The committee then discussed the report. Miss Farrisey pointed out that "The Public Health Nurse" wanted the article and the committee was asked how this should be done. There was some discussion and it was finally agreed that Miss Farrisey prepare the article and the members of the committee have an opportunity to see it before its publication. It was further agreed that it might be well to ask Miss Nelson as chairman of the Nursing Council to write a letter to the directors of the schools of nursing asking permission to publish the findings of the study.

Miss Farrisey then turned the meeting over to Mrs. MacIsaacs who stated that she was going to have some free time between now and September when she plans to go to school full-time and she has been thinking of writing a book on the health aspects of nursing. Her idea was that it be prepared for use of those working with students in three-year schools of nursing. Mrs. MacIsaacs presented an outline and has agreed to bring in more ideas for the meeting in February. There was some discussion regarding whether or not the committee would assist Mrs. MacIsaacs with it. It was thought this could all be settled at a later meeting.

Meeting adjourned at 12:10 p.m.

Dorothy S. Hayward, Secretary

NURSING COUNCIL OF UNITED COMMUNITY SERVICES

SUB-COMMITTEE ON INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM

ANNUAL REPORT

February 26, 1952

The Committee on Integration of the Social and Health Aspects of Nursing in the Basic Curriculum held five meetings this past year. This committee is a sub-committee of the Committee to Consider Observation and Affiliation for Student and Graduate Nurses in Public Health Nursing Agencies.

The chief project this past year has been completion of the Time Study. In addition to the work done in the regular committee meetings, those who participated in the study have also met frequently to discuss the findings of the study and of the report. A preliminary report of the study has been presented to the parent committee, the Nursing Council Board of Directors and the Delegate Body of the Nursing Council. This report included a recommended job profile. All participating schools have agreed to publication of the material with the understanding that schools remain anonymous and an article is being prepared for publication in "The Public Health Nurse". The committee has agreed that the next area for emphasis and study will be clinical education.

Miss Josephine Scelsi, formerly of New England Hospital, resigned as a member of the committee this year, and Sister Mary Paul of Carney Hospital has been appointed as a representative of the Eastern Massachusetts League of Nursing Education. Miss Irene Carr of New England Deaconess Hospital will become the Chairman this month.

At the request of the Housing Association of Metropolitan Boston, a committee was appointed by the Integration Committee to assist in developing a syllabus on the hygiene of housing to use in schools of nursing.

Respectfully submitted,

Ruth Farrisey, R.N., Chairman

Committee Members:

Str. Adele,R.N.,St. Cecelia's Nursing Assoc.
Str. Mary Paul,R.N., Carney Hospital
Rebecca Bowles,R.N., N.E. Baptist Hospital
Marion E. Branagan,R.N.,Dept. of Sch.Hygiene
Irene Carr,R.N., N.E. Deaconess Hospital
Mary Collins,R.N., Boston College School of Nursing
Mary Donnelly,R.N., Boston Univ. School of Nursing
Jane Dignan,R.N., Boston City Hospital
Alton A. Kalian,R.N., Faulkner Hospital
Virginia Lowe,R.N., Peter Bent Brigham Hospital
Rosemary MacIsaacs,R.N., formerly Carney Hospital
Olive Nelson,R.N., N.E. Deaconess Hospital
Str. Maurastella,R.N.,O.S.F., St.Elizabeth's Hospital
Sylvia Peabody,R.N.,Children's Medical Center
Elizabeth Osler,R.N., Belmont Health Dept.
Mary R. Petkauskos,R.N.,Mass.Memorial Hospitals
Elizabeth Porter,R.N., Newton-Wellesley Hospital
Dorothea Rancourt,R.N.,St. Elizabeth's Hospital
Evelyn Rosen,R.N., Beth Israel Hospital
A. Betty Updegraff,R.N.,Simmons College School of Nursing
Eleanor Voorhies,R.N.,Visiting Nurse Assn. of Boston
Mary Welsh,R.N., Boston Health Department
Ruth F. Wheeler,R.N.,Waltham Dist.Nursing Association
Muriel B. Vesey,R.N., Ex-Officio
Sophie C. Nelson,R.N., Ex-Officio
Dorothy S. Hayward,R.N., Secretary

THE PUBLIC HEALTH INTEGRATORS' STUDY -- Boston, Massachusetts

In January, 1947, the Greater Boston Nursing Council set up a committee to consider experience and observation in public health nursing for graduate and undergraduate students. The objectives of this committee were: (a) to consider ways and means for the preparation of graduate nurses in Greater Boston for public health nursing, and (b) the incorporation of aspects of public health nursing in the undergraduate curricula of certain schools of nursing in Greater Boston. Two of the major questions posed to the committee were to whom should clinical experience in public health nursing be given and by what agencies can sound clinical experience be given.

In order to carry out the second objective, a Sub-Committee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum was set up and the committee was assigned the task of working out aims and objectives for providing students in the basic three-year and collegiate schools of nursing with a one-day observation period with one of the three available agencies: the Nursing Division of the Boston Health Department; the Nursing Division of the Department of School Hygiene, Boston Public Schools; and the Visiting Nurse Association of Boston.

As the committee work on the above project went forward, it was borne in upon the group that each was making a different approach to the problem of how best to provide public health nursing integration, that even what was planned for the students in the way of orientation for this one-day observation differed markedly from place to place. Therefore, it was decided that the Integrators' Committee add to itself those delegated members of the three agencies with which the students would observe, and faculty members of those schools which did not yet have public health integrators, but whose students were afforded similar public health nursing observation opportunity. This augmented committee met regularly and a mutually agreeable orientation, observation, and initial follow-up plan was worked out.

Again, in the process, one became aware of the fact that not only was the approach to public health nursing integration different, but certain factors existed in some of the schools which hampered even the most well-intentioned faculty members. It was observable that some of the integrators were distressed by this difference and felt that the net result of their labors for their students was jeopardized by their not being able to follow along the lines initially spelled out by the Joint Committee of the National League of Nursing Education and the National Organization for Public Health Nursing. In an effort to meet and assuage this unrest, the committee chairman suggested that a questionnaire be submitted to each three-year school with a public health nurse faculty member which would probably point out that the differences were not as great as they appeared on the surface.

The variation of function revealed by that questionnaire was stupendous (to use a Hollywoodism). In trying to put the data onto a Master Sheet, eighty-nine separate departures in education had been undertaken by fourteen questionnaire answerers, in rather desperate plunges into the nursing school curricula. Some of the participants hazarded certain speculations and advanced certain justifications for why they were not able to pursue the supposedly desirable course of public health nursing integration. These speculations have occurred repeatedly throughout all our deliberations and shall be entered here, as the committee feels that these factors have a definite bearing upon what can be accomplished by a public health nurse integrator.

1. Whether or not there had been a public health trained faculty member on the staff prior to the present worker. (The newcomer has a more difficult row to hoe than does the replacement in most instances.)

2. Whether or not there was an Out-Patient Department attached to the hospital in which the participant was serving. (The absence of an out-patient facility limited the worker, in that a fertile field for the public health nurse in which to teach was thus lost.)

3. Whether or not there was a medical social service department or a social worker available. (If there were none, the public health integrator found herself being confused with the social worker and the latter's possible functions in a hospital setting.)

4. Whether or not the daily average in-patient and out-patient census was large or small. (The bigger the unit, the smaller the volume of direct patient service given by the integrator was observed.)

5. Whether or not there was an active referral plan for the continuity of nursing care. (The remarkable teaching potential of such a plan was lost if there were not.)

6. Whether or not there was a ward as well as a private service in the hospital of the participant. (Beaside teaching was curtailed in essentially private services.)

7. Whether or not the participant was academically or professionally qualified to do the job. (The effect of this last is obvious.)

8. Whether or not the public health nurse was a senior or junior faculty appointment. (The sphere of influence in all fields is necessarily curtailed if the worker does not enjoy senior status.)

9. Whether or not opportunity was afforded to the public health nurse faculty person to extend her teaching beyond the student nurse group. (The futility of teaching the students in the teeth of a non-public health oriented head nurse, supervisory, and medical staff was borne in upon more than one of us.)

10. Whether or not the hospital made other demands on the public health integrator other than those for which she was peculiarly qualified to fill. (The new faculty member in all instances studied came to her job in Boston without a job analysis, and like Topsy "just grew" -- sometimes rationally and sometimes not.)

11. Whether or not the patients in the participant's hospital came from local areas or those at a considerable distance. (It stands to reason that the sociology of the local patient, the specific public health considerations of his condition and situation were much more readily illustrated in the local area. In one situation studied, more than sixty percent of the patients came from great distances.)

12. Whether or not her sphere of influence in the hospital was curtailed or expanded by her committee activity within the hospital or in the community served by that hospital. (The committee assignments to the integrators studied varied from the most heavy commitments to those limiting her only contact in committee to a few instructors in the school.)

13. Whether or not her position made her responsible to the school of nursing or jointly to the school of nursing and to administration by virtue of her salary's being paid by one or the other. (The completely justified demand that the administration get its money's worth, frequently removed her from education too quickly or too often.)

14. Whether or not her position had been clearly defined by the director to the staff of the school of nursing, to heads of other departments whom she contacted, to other personnel including doctors, social workers, and workers in other disciplines. (Coming to her position with no job analysis and having to find her way and to write (in some instances) her own ticket within the framework of what currently existed in the faculty was no mean task, especially when the faculty either had no notion of her potential function or use or who looked upon her as an interloper.)

15. Whether or not the public health integrator was new to this type of position or a seasoned hand. (The reasoning behind this last is completely understandable.)

Having turned up this disparity of function not to mention this disparity of opportunity, the committee at the suggestion of the chairman voted to embark on a time study. Realizing that in the eyes of many, this was a fool-hardy move, because none of us had a job analysis against which to pit the time study, and the questionnaire had certainly pointed only to confusion, the committee felt that it was justified in trying to show percentage-wise as well as an hour-by-hour tabulation of what our jobs entailed. The chairman then took the questionnaire with its multiplicity of stated functions to Genevieve Weeks, then Research Statistician of United Community Services of Metropolitan Boston, now of the University of Indiana staff. Miss Weeks was, and is, an old hand at time studies. She and the chairman prepared three models of time studies to be brought to the committee members for their choice. A form was finally approved and planographed. Miss Weeks worked with the group to define each heading, what should be entered, and how; and following this drew up a detailed direction sheet.

The group then called upon the parent committee to get permission to give as much time as was indicated to this study. Help and guidance were also sought from the Eastern Massachusetts League of Nursing Education and the directors of schools of nursing in the Boston community. Help, advice, and exhortation to get on with the task were readily forthcoming. Nine integrators participated in the study. They were:

Mary O'Brien	The Children's Hospital
Rebecca Bowles	New England Baptist Hospital
Irene Carr	New England Deaconess Hospital
Josephine Scelsi	New England Hospital for Women and Children
Evelyn Rosen	Beth Israel Hospital
Elizabeth Porter	Newton-Wellesley Hospital
Mary Petkauskos	Massachusetts Memorial Hospitals
Rosemary MacIsaacs	Carney Hospital
Ruth Farrisey	Massachusetts General Hospital

The group voted that the study would run for forty consecutive days in October and November, 1950. These were thought to be pretty representative months. Before embarking upon the study, a two day dry run with subsequent critical editing of each day sheet was carried out, the committee chairman submitted corrections to the participants, and the study was on. During the study period, frequent meetings were held, and revisions, additions, subtractions of the sheet of directions were made as knots, snarls, and other obstacles were encountered. The day-by-day keeping of time was not grossly time-consuming, but the concluding of the study and tabulating of the totals

and the bringing of the two sides of the day sheet (the actual function and the persons served by that function) into balance constituted the most painful process of all. The committee chairman is now and has been most grateful for the stick-to-it-ive-ness of the group.

Categorizing their functions under the following headings: Teaching, Conferences, and Meetings, Administrative Duties, Direct Patient Service, the Acquisition of Further Education on Agency Time, Personal, Miscellaneous; the following results occurred when placed on a percentage table. Perhaps in explanation one should say that the following items were included in each of the above general categories:

Teaching:

Formal and informal class room teaching, teaching on wards or in the OPD, etc. etc.

Preparation of class or other teaching material.

Post-class activity such as records, putting away teaching materials.

Orientation classes and student tutoring, the latter in instances of make-up work, etc.

Correction of papers.

Attendance records, recording of grades, preparation of student evaluations for the school of nursing.

Conferences and Meetings:

A conference was defined as a meeting between two or more individuals where the major purpose of the meeting is not teaching. It is recognized that teaching techniques and educational material might be used at such conferences or meetings, but such activity is usually for demonstration purposes or as part of an educational talk.

Field trips with students, faculty, others related to the hospital staff.

Administrative Duties:

Hospital Administration functions.
Work with or on behalf of hospital personnel.
Checking or requisitioning of supplies.
Keeping certain hospital records such as on referral plan, etc.
Time spent in the time study or other studies or reports requested by hospital administration.
The administration of health services for personnel.
Certain administrative functions undertaken in the OPD.

Direct Service To Patient:

Patient interviews.
Collateral Interviews - Time spent in behalf of a patient with doctor, nurse, social workers, VNA nurse, other community or hospital worker.
Records -- time spent on patient's records, making reports concerning patients, etc., etc.

Personal:

Lunch time, personal time for smoking, rest periods.
Other activities serving the individual under study more particularly than any other person or group.

Education on Agency Time:

Attendance at classes, lectures, seminars of an educational nature.

Miscellaneous:

Entering an item in this column required an explanation of precisely what the function was.

Under each of these titles, the item, travel time, was recorded, because it was found that the same was an item of considerable size for the integrators who worked in large hospitals.

TABLE I

(All percentages rounded off)

HOSP.	TOTAL	TEACHING	CONF. MEETINGS	ADMIN. DUTIES	DIRECT PT. SERV.	EDUC.	PERSONAL	MISC.
1.	100%	40%	28%	6%	18%	0	8%	2%
2.	100%	49%	28%	11%	3%	0	11%	0
3.	100%	16%	22%	36%	4%	0	7%	17%
4.	100%	40%	33%	6%	1%	7%	10%	2%
5.	100%	56%	20%	12%	1%	0	11%	0
6.	100%	42%	18%	2%	14%	less than 1%	13%	8%
7.	100%	23%	26%	27%	12%	1%	8%	3%
8.	100%	58%	26%	9%	less than 1%	0	7%	0
9.	Data never completed, because of illness.							

Other interesting findings came to light also, the opportunities afforded to the integrator to do formal versus informal teaching (the difference having been arbitrarily defined thus, formal teaching was that teaching outlined specifically as courses in the school's prospectus, and informal teaching by differentiation that done at the bedside, in the clinic, in staff education, in the ward class room, or other clinical teaching) varied from those whose opportunities in the formal curriculum were virtually limitless but who could not seem to break into the clinical teaching program to the exact reverse of the former. The ability to reach many by virtue of staff education opportunities was quite seriously curtailed in all instances; the records of two participants showing that their only teaching contacts were the students. The burden of administration borne by two attested to the split between administrative and educational currents in the hospitals in question; under Miscellaneous, you will note that one integrator spent 17% of her time setting up a much-needed record system which would facilitate one segment of the administrative part of her job. Other administrative duties were found to be heavy in those schools where clerical help was not readily available for record work, etc., etc. Much over-time was shown, especially by those persons who were very new to their jobs and were spending hours in the preparation of formal classes. The individual whose job showed her to be spending 18% of her time in direct patient contact was actually being used as a relief clinic nurse over and above her other duties. The heaviest percentage of teaching time was spent by two integrators new to their jobs; in the one instance, there had been a predecessor in the job who had left a volume of material on hand; and in the other, the nurse was having to feel her way in virgin territory. Other comparative findings too numerous to recount were unearthed.

The final tabulation and charting of findings were done by the Research Division of United Community Services, and special gratitude is extended to Miss Baughn.

Discussion after discussion regarding these findings were held to investigate why things were as they were. Again the same obstacles to the job as devised and defined by the NOPHN and the NLNE were brought out. It was decided that a job analysis could not be drawn from our findings, but that through the offices of a neutral reviewing committee certain definite suggestions as to the status, title, and function of the public health integrator could be submitted to the parent committee, the schools employing the participants, the Nursing Council of UCS, the Eastern Massachusetts League of Nursing Education. The neutral committee was chaired by Katherine Pierce of the John Hancock Nursing Service, who had definitely no vested interest in the outcome of the deliberations. Miss Olive Nelson served in two capacities: one, as the Director of one of the participating schools; and two, as a member at large from the League. The rest of the committee was made up of an integrator whose job study showed her to be heavily committed to administration, another whose job study showed her to be engaged chiefly in education, and Miss Farrisey, the Chaiman of the Integrators' Committee. The committee found it not overly easy to be neutral, but the following recommendations were believed to be completely objective:

Status of the Public Health Integrator

A. She should be a member of the policy-making body of the school of nursing employing her, by whatever title that body may be known.
B. She should be a participant in certain branches of hospital administrative planning, such as, referral plans, home care plans, and plans for the improvement of nursing service.

C. She should be the nursing liaison person to community nursing agencies for the school of nursing as well as for nursing service.

D. She should function according to a job pattern suited to the framework of the hospital and school of nursing in which she is employed.

(The job analysis or pattern should be worked out cooperatively with her employer, and should be subjected to periodic review and revision.)

E. Her status should be clearly defined, by written agreement, concerning her lines of authority, both as to school of nursing and administration.

F. Despite her status, the public health nurse faculty member should endeavor to work through and with other hospital personnel rather than to take and hold the initiative and leadership in plans and activities.

G. Her title for the moment should be "public health integrator" (this last by compromise vote of the neutral committee). The committee, however, recommends study of this matter of title, since the time study shows not one of the Coordinators (so called) to be functioning in the best sense of that word. The following titles were considered and rejected for one reason or another -- Public Health Faculty Member, Public Health Advisor, Public Health Nurse on the Faculty, Public Health Consultant, Public Health Supervisor, Public Health Resource Person.

Activities

A. Liaison between hospital and community nursing.

1. Education of hospital personnel and student body in preparation for discharge and follow-up of patients.

2. Expediting referrals for nursing care in the home and in other health and nursing agencies.

3. Interpret activities of community nursing agencies to all hospital personnel including physicians.

B. Teaching.

1. Formal teaching:

a. Work with instructors in incorporating the social and health aspects of nursing into the curriculum.

2. Informal teaching:

a. Assist clinical instructors and students in patient teaching.

b. Participate in ward teaching programs.

c. Assist head nurses and supervisors in planning patient teaching, planning nursing and medical care continuity.

d. Assist students and others in patient teaching in the Out-Patient Department and eventually in the Home Care setting.

e. Assist faculty members with student observation of community facilities.

f. Help to develop patient and family education projects.

C. Consultant to the Student and Employee Health Program.

1. Promotion of the health education program for all hospital employees.

   a. Promotion of illness prevention measures.

   b. Promotion and/or development of accident prevention programs for hospital personnel.

   c. Referral of hospital employees to proper agencies for assistance with health problems or to social agencies if such is indicated.

2. Bring student health problems to the attention of the executive committee or the health committee whichever can act.

D. Committee Activities.

1. She should be active on various committees in the hospital, such as, executive, curriculum, health and student welfare. (Membership on these committees is earnestly recommended.)

2. She should be active in community activities, such as neighborhood councils, etc., taking responsibility for reporting back to hospital about same.

3. She should maintain active membership in the Nursing Council's Integration Committee (Boston).

Special Considerations:

A. Orientation to the Job.
Public Health Nurses new to their jobs and the hospital environment should be given a fairly long term orientation period containing ample opportunity to observe administrative as well as nursing education functions. Public Health Nurses should also be oriented rather carefully to the community which the hospital serves, if they are new to that community.

B. Because of the flexibility desirable for such a job, the public health nurse should be allowed considerable freedom of movement, but should account in writing how she spends her time and to what ends at regular intervals to her employer.

C. The above profile of the public health integrator's job is one which the Boston committee feels has a fairly universal applicability, but adjustments will be found necessary in each situation. It is recommended that any job alteration take into account the possibility that restriction to too great a degree in any of the above areas reduces the potential of the public health nurse in the hospital setting and distorts her function as an integrator or coordinator.

Upon presentation of our findings to our parent committee, total breakdown comparison charts of the time study were sent to each school participating. One person because of illness was unable to complete her final tabulation, but her director was duly notified of all data submitted. The parent committee directed:

1. That the Chairman of the Integrators' Committee prepare a report as requested by the NOPHN.

2. That the Integrators' Committee conduct a review at the end of a year to determine in how many instances action had been taken on the suggestions made.

3. That the Integrators' Committee engage in a review of the possibilities for improving and expanding clinical education of the students in basic schools in the public health and social concepts (especially in the light of impending reduced opportunity for public health nursing observation of even the most sketchy type for basic three year students.) The committee under the chairmanship of Irene Carr will attempt to tackle this last directive this year.

All pertinent materials to this study have been submitted to the NOPHN simultaneously with the submission of this article.

Some Illustrative Charts

HOSP.	BACCA. DEGREE	GRAD. ACCRED. SCHOOL	STATE REG.	APPROV. PHN COURSE	APPROV. TEACHING PROGRAM	ADD'L COURSES GUIDANCE PERSONNEL	STAFF PHN EXP.	SUPVR PHN EXP.	HOSP. ADM. EXP.
MGH	YES	YES	YES	YES	YES	YES	YES	YES	NO
TCH	YES	YES	YES	YES	YES	NO	YES	NO	NO
NEHWC	YES	YES	YES	YES	YES	NO	YES	NO	NO
NEBH	YES	YES	YES	YES	YES	NO	YES	NO	NO
NEDH	YES	YES	YES	YES	YES	YES	YES	YES	YES
BIH	NO	YES	YES	YES	YES	NO	YES MINIMAL	NO	YES
NWH	YES	YES	YES	YES	YES	NO	YES	YES	NO
MMH	NO	YES	YES	YES	YES	NO	YES	NO	YES
CARNEY	YES	YES	YES	YES	YES	YES	YES	YES	YES

HOSP.	SOCIAL SERVICE DEPARTMENT	OUT-PATIENT DEPARTMENT	ACTIVE REFERRAL PLAN	WARD SERVICE	PRIVATE SERVICE
MGH	YES	YES	YES	YES	YES
TCH	YES	YES	YES	YES	YES
NEHWC	YES	YES	YES	YES	YES
NEBH	NO	NO	NO	NO	YES
NEDH	YES	YES (LIMITED)	NO	NO	YES
BIH	YES	YES	YES	YES	YES
NWH	YES	YES	YES	YES	YES
MMH	YES	YES	YES	YES	YES
CARNEY	YES	YES	YES	YES	YES

Let it be here noted that the hospitals identified above are not in the same order as those which appear on the percentage-wise chart, as anonymity was to be preserved in the former instance.

HOSP.	FACULTY EXECUTIVE COMMITTEE	CURRICULUM COMMITTEE	HEALTH AND WELFARE COMMITTEE	ADMISSIONS COMMITTEE	PREDECESSOR IN JOB
MGH	YES	YES	YES	NO	YES
TCH	NO	YES	NO	YES	NO
NEHWC	NO	YES	NO DATA	NO	NO
NEBH	NO	NO	YES	NO	YES
NEDH	YES	NO	YES	NO	NO
BIH	NO	YES	NO	NO	NO
NWH	NO	YES	YES	NO	NO
MMH	NO	YES	NO DATA	NO	YES
CARNEY	YES	YES	YES	NO	NO

Sub-Committee - the Integration Committee

Nursing Council of U.C.S.

Minutes

TIME: Friday November 7, 1952 at 3:00 P.M.

PRESENT: Miss Irene Carr, Chairman
Miss Evelyn Rosen
Miss Elizabeth Porter
Miss Marion E. Branagan
Miss Mary Welsh
Miss Prudence Priest
Miss Dorothy Rancourt
Miss A. Betty Updegraff
Miss Olive Nelson
Miss Margaret Holmes
Mrs. Susan Gardon
Miss Sylvia Peabody
Mrs. Dorothy S. Hayward, Secretary

The meeting was opened by Miss Carr who requested the Secretary to read the correspondence that had been exchanged between Hedwig Cohen of the "Public Health Nurse" staff and Ruth Farrisey, former Chairman of the Committee on Integration. This was followed by a discussion of the reaction of this editor of "Public Health Nurse" to the position of public health nurse integrators in hospitals. The Committee felt that this whole problem should be discussed further, and Miss Carr agreed to discuss the matter with Miss Mary Gilmore, the Chairman of the parent committee, and to ask her to bring it to the attention of the Board of Directors of the Nursing Council.

Miss Carr pointed out that a small sub-committee had worked on some objectives for clinical teaching, and it was agreed that the Committee break into groups to work on methods for Objectives 2 and 3, since methods for Objective 1 had been completed. The groups are to be called together by one person in each group who will act as chairman.

The next meeting of the Committee is to be held on December 12 at 3:00 P.M.

The meeting adjourned at 4:15 P.M.

Respectfully submitted,

Dorothy S. Hayward, R.N., Secretary

Miss Nelson

Sub-Committee - the Integration Committee

Nursing Council of U.C.S.

Minutes

TIME: Friday November 7, 1952 at 3:00 P.M.

PRESENT: Miss Irene Carr, Chairman
Miss Evelyn Rosen
Miss Elizabeth Porter
Miss Marion E. Brennan
Miss Mary Welch
Miss Prudence Priest
Miss Dorothy Hancourt
Miss A. Betty Updegraff
Miss Olive Nelson
Miss Margaret Holmes
Mrs. Susan Gordon
Miss Sylvia Peabody
Mrs. Dorothy S. Hayward, Secretary

The meeting was opened by Miss Carr who requested the Secretary to read the correspondence that had been exchanged between Hedwig Cohen of the "Public Health Nurse" staff and Ruth Partlaey, former Chairman of the Committee on Integration. This was followed by a discussion of the reaction of this editor of "Public Health Nurse" to the position of public health nurse integrators in hospitals. The Committee felt that this whole problem should be discussed further, and Miss Carr agreed to discuss the matter with Miss Mary Gilmore, the Chairman of the parent committee, and to ask her to bring it to the attention of the Board of Directors of the Nursing Council.

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The meeting adjourned at 4:15 P.M.

Respectfully submitted,

Dorothy S. Hayward, R.N., Secretary

SUB-COMMITTEE ON INTEGRATION

Minutes

December 12, 1952

3:00 P.M.

With eleven members present, Miss Carr opened the meeting by reporting a telephone conversation with Miss Gilmore regarding the status of this Committee. Miss Carr stated that Miss Gilmore, representing the Nursing Council, reported that the Board of Directors of the Nursing Council agreed that this Sub-Committee can continue to function as in the past.

The discussion of Objectives in Clinical Teaching led to the changing of the three main objectives to read:

1. To promote an appreciation of the public health aspects of disease problems.

2. To implement family and patient teaching for maintenance and promotion of health.

3. To promote an appreciation of the role played by the hospital and other community agencies in the continuous and total care of the patient. (unchanged)

It was agreed to change the term "methods" to "guide" in the breakdown of these objectives since guide is a broader term and can include both method and content.

The sub-committee of objectives 2 and 3 then presented their guides and after some discussion it was agreed that the material be studied individually by the members.

The next meeting of the Committee is to be held on Friday, January 16, 1953 at 3:00 P.M.

Respectfully submitted,

Evelyn R. Rosen
Secretary Pro Tem

INTEGRATION COMMITTEE

Nursing Council, U.C.S.

Minutes

TIME: Friday, March 27, 1953 at 3:00

PLACE: Conference Room, Ninth Floor, Mason Memorial Building, 14 Somerset Street, Boston, Mass.

PRESENT: Miss Irene Carr, Chairman
Miss Virginia Lowe
Miss Elizabeth Porter
Miss Evelyn Rosen
Sister Bernadette
Miss Sylvia Peabody
Mrs. Dorothy Hayward, Secretary

The meeting was devoted to a discussion of the social and health aspects in clinical teaching. The material which had been prepared by the sub-committee was discussed. The Objectives as outlined and the Methods were not changed. There were corrections in the Content. These changes will be made on the original outline and copies sent to the members of the Committee.

The meeting adjourned at 4:35 P.M.

Respectfully submitted,

(Mrs.) Dorothy S. Hayward, R.N.
Secretary

NATIONAL COMMITTEE

Meeting Council, U.C.S.

Minutes

TIME: Monday, March 27, 1933 at 3:00

PLACE: Conference Room, Ninth Floor, Beacon Hospital Building, 14 Somerset Street, Boston, Mass.

PRESENT: Mrs. Irene Dery, Chairman
Miss Virginia Lowe
Miss Elizabeth Porter
Miss Phyllis Ross
Miss Estelle Sarmentaite
Miss Sylvia Jacobs
Mrs. Dorothy Harvard, Secretary

The meeting was devoted to a discussion of the social and health aspects in clinical teaching. The material which had been prepared by the sub-committee was discussed. The objectives as outlined and the Methods were not changed. There were corrections in the Content. These changes will be made on the original outline and copies sent to the members of the Committee.

The meeting adjourned at 4:25 P.M.

Respectfully submitted,

(Mrs.) Dorothy B. Harvard, R.N.
Secretary

Revision

SOCIAL AND HEALTH ASPECTS IN CLINICAL TEACHING

OBJECTIVES:

1. To promote an appreciation of the public health aspects of disease problems.

2. To implement family and patient teaching for the maintenance and promotion of health.

3. To promote an appreciation of the role played by the hospital and other community agencies in the continuous and total care of the patient.

METHODS

The following methods may be used to accomplish these objectives:

1. Supervised patient and family teaching before discharge.

2. Family Care studies.

3. Patient Centered Clinics.

4. Films and visual aids.

5. Consultation with other personnel.

6. Assistance in making referrals to other agencies (V.N.A., etc.) for care after discharge.

7. Use and interpretation of information given by community agencies referring patients to the hospital or clinic.

8. Observation in the community.

    a. To see the patient in the home.
    b. To become aware of the problems illness brings to patient and his family
    c. To observe the environmental factors affecting the health and welfare of the family.

CONTENT

These objectives may be met by including:

1. Review with patient treatment, control and prevention.

2. Outline plan of care according to:

    a. Procedure
    b. Equipment and its improvisation

3. Recognition of limitations.

    a. Live intelligently within limits imposed by the disease.
    b. Education of patient's family regarding disease and resources for education.

4. Effect of disease on patient and family.

    a. Individual's place in family
    b. Effect of disease on work
    c. Cost of disease to family
    d. Effect of disease in terms of family disruptions
    e. Effect of disease in terms of recurrence
    f. Effect of disease on social life

5. Effect of disease on the community.

    a. Incidence
    b. Cost
    c. Prevention and control

6. Responsibility of society for the health and welfare of all the people and the individual's responsibility to society.

    a. Individual
    b. Family
    c. Community
    d. County
    e. State
    f. National
    g. International

7. Availability of Community Resources.

    A. Types of Resources
        1. Nursing
            a. Official and non-official
            b. Industrial Nursing Service
            c. Nursing Homes, Convalescent and Chronic Hospitals
        2. Social and Welfare agencies
            a. See Directory of Social Service Resources--published by U.C.S.
        3. Medical Care
            a. Private Physicians
            b. Hospitals and Clinics

April, 1953

Sub-Committee on Integration of the Social and Health Aspects of Nursing in the Curriculum of the Nursing Council of United Community Services of Metropolitan Boston.

Two temporary special subcommittee

COMMITTEE TO STUDY

RECOMMENDATIONS OF THE GREATER BOSTON COMMUNITY SURVEY

AS THEY RELATE TO NURSING

- - - - - -

The committee appointed by the President of the Nursing Council to review the recommendations of the Greater Boston Community Survey which relate to nursing has reviewed these recommendations and submits the following reports:

PAGE 1, RECOMMENDATIONS II AND III

The committee recommends that the Nursing Council make a request to the Health Section to appoint a public health nurse to work on the committees which are set up to study those recommendations in which nursing is involved.

PAGES 2 and 3, RECOMMENDATION IV

The committee recommends to the Nursing Council that work on the recommendations F and G could be started by sending a letter to public health nursing agencies regarding these recommendations with suggestions for carrying these out. Information regarding the Health Union Bill should be sent to all agencies except those in large cities and they should be made aware of the fact that shortly they will be hearing more regarding Health Unions from the Health Officer and Supervising Nurses in the District Health Offices.

The committee would like to further comment briefly on G regarding the recommendations that the Greater Boston Nursing Council should request the Massachusetts State Department of Health to assign at least one qualified public health nurse to assist in carrying out recommendations F and G in Recommendation IV, Public Health Nursing in the Metropolitan Area. The committee feels we should find out what the State expects to do regarding informing towns of the progress of health unions and that whatever plans are made regarding this should hold in the Greater Boston area. The committee felt that Dr. Leavell could call the attention of the State Department of Health to this recommendation and state that the Nursing Council feels that the same plan should be made for the whole State.

E - The committee recommends that the Nursing Council should outline all possible sources of income for voluntary public health nursing agencies in Greater Boston and send this information to these agencies.

The committee recommends that A, B, and D should wait until health unions are developed.

C - The committee recommends that the Nursing Council should collect the present personnel policies from every agency in the United Community Services area and make recommendations regarding standard policies reconciling Council recommendations with those of Massachusetts Organization for Public Health Nursing.

PAGE 3, RECOMMENDATION V

The committee recommends that a nurse whose specialty is obstetrics should be appointed by the Nursing Council to serve on any committee set up to study this

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The committee appointed by the President of the Nu[illegible] recommendations of the Greater Boston Community Survey [illegible] reviewed these recommendations and submits the following [illegible]

PAGE 1, RECOMMENDATIONS II AND III

The committee recommends that the Nursing Council [illegible] Section to appoint a public health nurse to work on the [illegible] to study these recommendations in which nursing is involved.

PAGES 2 and 3, RECOMMENDATION IV

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5 - The committee recommends that the Nursing Council [illegible] possible sources of income for voluntary public [illegible] in Greater Boston and send this information to [illegible]

The committee recommends that A, B, and C should [illegible] unions are developed.

6 - The committee recommends that the Nursing Council [illegible] present personnel policies from every agency in [illegible] Services area and make recommendations regarding [illegible] ding Council recommendations with those of [illegible] for Public Health Nursing.

PAGE 8, RECOMMENDATION V

The committee recommends that a nurse whose specialty [illegible] appointed by the Nursing Council, to serve on [illegible]

recommendation. The committee also recommends that the Nursing Council determine where home delivery services are offered at the present time and to those agencies continuing to offer home delivery services, Recommendation A under Recommendation V on Maternal Health be quoted. The committee also felt that information regarding facilities for care of premature babies should be made available to all nursing agencies in the Greater Boston area and a copy of the revised law be sent, especially to private agencies.

PAGES 4 and 5, RECOMMENDATIONS 6 and 7

The committee recommends that the Nursing Council make a request to the Health Section to appoint a public health nurse to work on the committees which are set up to study those recommendations in which nursing is involved.

PAGE 5, RECOMMENDATION 8

The committee recommends that the attention of the MOPHN, MSNA, and the MLNE be drawn to this recommendation with the suggestion that they give it consideration.

PAGE 6, RECOMMENDATIONS X and XI

The committee recommends that the two problems of Mental Health and Nutrition should be referred to the Board of Directors of United Community Services since they require the appointment of a committee with wide representation. The committee pointed out that all social agencies and hospitals have an interest in these two problems.

PAGE 7, RECOMMENDATION XIII

The committee recommends that the Nursing Council make a request to the Health Section to appoint a public health nurse to work on the committees which are set up to study those recommendations in which nursing is involved.

PAGES 8, 9, and 10, RECOMMENDATIONS XV, XVI, XVII, XVIII

The committee recommends that these recommendations be referred back to the Division since there are many implications beyond the nursing field which require a special divisional committee. The committee would like to recommend that Dr. Leavell, as one of the surveyors, be chairman of this committee and that the Director and Board Member of the Visiting Nurse Association of Boston, the Director of Nursing, and the Health Commissioner of the city of Boston, the Director of Nursing Service, and the Director of School Hygiene of the Boston Public Schools, one of the Sisters of Charity doing public health nursing in the City, and one lay person serving on Advisory Committee of that group, and four citizens and nurses be asked to serve on this committee.

Sophie Nelson, R.N., Chairman
Mrs. Dorothy S. Maynard, R.N., Secret
Mrs. Meratie Rogers - Pres. VNA, Newt
Helen Spencer, R.N. - Nurse, Concord
Regina Thomas, R.N. - Nurse, Erkine.R
Elizabeth Howland, R.N., Dir., Boston

December 8, 1949

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PAGES 10 and 11, RECOMMENDATION XIX

The committee recommends that this recommendation be referred to the Committee in the Nursing Council which is already in existence to handle these problems. It also recommends the committee take into consideration regional planning and obtain all information available regarding this. It also suggests that the committee be enlarged and strengthened and to possibly include some hospital administrators.

PAGE 11, RECOMMENDATION XX

The committee suggests that this recommendation could best be carried out by conferences with agencies and by directing attention to the recently completed MOPHN Personnel Policies suggesting that the ultimate goal of agencies might be the NOPHN Personnel Policies.

PAGE 12, RECOMMENDATION XXI

The committee recommends that A, D, E, and G be referred back to the Board of the Visiting Nurse Association with the statement that the Nursing Council is in agreement and considers the recommendation sound.

H - The committee recommends that the Visiting Nurse Association consider its program in relation to the all-over rheumatic fever program, planning to have the whole problem eventually considered by the Divisional Committee.

F - The committee feels that undoubtedly the staff of the Visiting Nurse Association needs to be strengthened but feels that this, too, is a problem for the Divisional Committee to consider in relation to the many changes in public health practice which are developing.

In regard to the Visiting Nurse Association, although there is no mention of it in the Survey, this committee would like to recommend to the Nursing Council that the Nursing Council recommend to the Visiting Nurse Association that consideration be given to a rotating board of directors which would be more in line with NOPHN standards.

PAGE 13, RECOMMENDATION XXII

The committee pointed out that the problem of financing is not a responsibility of the Nursing Council and also questions whether or not this agency should receive funds through the Community Fund since it is an agency purely educational in nature and provides no free service in the community. The committee would like the Nursing Council to report this to the special divisional committee set up to consider the problem of the training of attendant nurses.

C.
Sophie Nelson, R.N., Chairman
Mrs. Dorothy S. Hayward, R.N., Secretary
Mrs. Horatio Rogers - Pres.VNA, Newton
Helen Spencer, R.N. - Nurse, Concord VNA
Regina Thomas, R.N. - Nurse, Brklne. Bd. of Health
Elizabeth Howland, R.N., Dir., Boston

December 8, 1949

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Mrs. Horatio Rogers - Pres.VNA, New
Helen Spencer, R.N. - Nurse, Concord
Hoplin Thomas R.N. - Nurse, Orkins, E
Elizabeth Howland, R.N., Dir., Boston

December 8, 1949

NURSING COUNCIL OF UNITED COMMUNITY SERVICES

SUB-COMMITTEE OF THE COMMITTEE TO CONSIDER OBSERVATION AND AFFILIATION FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING AGENCIES

April 11, 1950

The Sub-Committee of the Committee to Consider Observation and Affiliation for Students and Graduates in Public Health Nursing Agencies, which was appointed to study the Survey recommendations which were referred to the Committee, met on Tuesday, April 11, 10:00 a.m., in the Mason Memorial Building, 14 Somerset Street. Those present were: Miss Elizabeth Howland, Chairman, Miss Ruth Sleeper, Miss Rita Kelleher, and Mrs. Dorothy S. Hayward, Secretary.

RECOMMENDATION XIX - STUDENT AND GRADUATE NURSE FIELD OBSERVATION

A. The Greater Boston Nursing Council's plan for one-day observation in the home, by all students in basic nursing schools in Boston, in the company of personnel of one of the three public health nursing agencies, has been in effect for about a year. This plan should be reviewed and strengthened, and the possibility should be explored of using other types of workers in public health whom the student can accompany into the home.

The following agencies were suggested as possibilities for student observation: Boston Tuberculosis Association, Massachusetts State Department of Health, Children's Friend Society, Children's Aid Society, Church Home Society, Jewish Family Service, Laboure' Center, and the out-patient, follow-up service of the Metropolitan State Hospital. It was pointed out by the Committee that if it seemed desirable to use these agencies, they would be able to accept a very limited number of students as in most instances the staff responsible for the program, which could be used for student nurses, is small. In connection with this, the Committee suggested that a survey be made of the public health nursing agencies in Greater Boston to determine whether or not they are taking as many students as they can at the present time and also to determine whether or not they would be willing to assist with this program. Miss Howland said she might be able to get this information this week at the New England Regional Planning meeting.

B. For those schools of nursing in which referral plans between the hospital and a public health nursing agency are operating, and which have a public health nurse faculty member responsible for the integration of the social and health aspects of nursing, additional days of observation should be arranged from time to time to provide opportunities for students to observe in the home the same patients whom they served in the hospital.

Impractical

After discussing both Recommendations A and B, the committee agreed that there must be other cities in the country having the same problems we have at the present time in this student program since the trend is toward all students having the same amount of experience. Therefore, the Committee felt that it would be helpful to have Miss Carn from New York, Chairman of the Joint Committee of the National League of Nursing Education and National Organization for Public Health Nursing on the Integration of the Social and

? cutting back to small number

Health Aspects of Nursing in the Basic Curriculum, come to Boston to meet with the sub-committee to discuss our problem. Miss Howland then pointed out that Miss Olwen Davies, Associate Director for Education of the National Organization for Public Health Nursing, would also be helpful and that the NOPHN would pay the expenses of Miss Davies. Miss Sleeper said that she could provide maintenance for Miss Carn. Mrs. Hayward is to find out whether or not United Community Services would pay the train fare.

C. The Greater Boston Nursing Council should take leadership in planning for public health nursing experience for graduate students as well as for basic nursing students.

This recommendation is being carried out.

D. The Greater Boston Nursing Council should take steps with the public health nursing agencies to determine the costs of all types of student public health nursing field experience, through application of the new cost accounting method being developed by the National Organization for Public Health Nursing; and the Council should take leadership in interpreting the validity of the costs to educational institutions.

This recommendation cannot be carried out until the necessary information is received from the NOPHN.

E. The Greater Boston Nursing Council should take leadership in developing and promoting contracts between suitable nursing schools and public nursing agencies; the contract should provide for all types of student field experience and should include the obligations of each contracting party and the coordinating machinery for developing and evaluating the agency service and student experience.

F. The Greater Boston Nursing Council should take leadership in interpreting the following principles: (a) that priority should be given requests for student field experience to those collegiate programs which have approved programs of study in public health nursing and those which are in the process of securing such approval; (b) that, until such time as other standards have been developed, the recommended ratio of one student to three staff nurses for an urban area be maintained.

There are no recommendations regarding E and F until after the conference with Miss Davies and Miss Carn.

Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
SECRETARY

DSH:cr

NURSING COUNCIL OF UNITED COMMUNITY SERVICES

SUB-COMMITTEE TO CONSIDER SURVEY RECOMMENDATIONS
RELATING TO THE PROGRAM OF OBSERVATION AND AFFILIATION
FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING

June 1, 1950

The Sub-Committee to Consider Survey Recommendations Relating to the Program of Observation and Affiliation for Student and Graduate Nurses in Public Health Nursing Agencies met on Thursday, June 1, three o'clock, in Miss Nelson's office at the John Hancock Life Insurance Co.

Those present were: Miss Howland, Chairman; Miss Vesey, Miss Kelleher, Miss Nelson, and Mrs. Hayward, Secretary.

The meeting was opened with some general discussion of the meeting held with Miss Carn on April 28. (Members of the committee have minutes of this meeting.)

Miss Nelson asked if it would be practicable in planning for the group of head nurses in the City to arrange for probably two days of observation in agencies such as Fall River, Quincy, or New Bedford Visiting Nurse Associations. She also pointed out that it seemed important for the nursing educators to decide exactly what they want for their students, also, what was the purpose of this experience in a public health nursing agency. There was general agreement in the committee that our agencies are attempting to do more than the present staffs can manage and that the plan in operation at present would have to be somewhat curtailed.

Miss Nelson asked whether or not those present felt a good sound film could take the place of the one day of observation. It was agreed that a film, well prepared and made available to the schools of nursing, would probably give the student as much as she is getting at present in the one day of observation and would greatly simplify the problem for everyone concerned. Miss Nelson agreed to get some information regarding this and Mrs. Hayward was asked to do likewise.

After much discussion, it was decided that this committee would recommend to the overall committee that consideration be given to students in the following order:

I. Basic Students
   A. Those in collegiate programs.
   B. Post-Graduate students preparing for basic positions in public health.
   C. Students from hospital schools.
      (a) Those with college degrees.
      (b) Exceptional students.

II. Advanced Post-Graduate Students Preparing for Positions of Supervision, Administration, and Specialities in Public Health Nursing.

III. Advanced Clinical Personnel Preparing for Fields other than Public Health Nursing.

NURSING COUNCIL OF UNITED COMMUNITY SERVICES

SUB-COMMITTEE TO CONSIDER SURVEY RECOMMENDATIONS
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Those present were: Miss Howland, Chairman; Miss Vesey, Miss Kellsher, Miss Nelson, and Mrs. Hayward, Secretary.

The meeting was opened with some general discussion of the meeting held with Miss Carr on April 26. (Members of the committee have minutes of this meeting.)

Miss Nelson asked if it would be practicable in planning for the group of head nurses in the City to arrange for probably two days of observation in agencies such as Fall River, Quincy, or New Bedford Visiting Nurse Associations. She also pointed out that it seemed important for the nursing educators to decide exactly what they want for their students, also, what was the purpose of this experience in a public health nursing agency. There was general agreement in the committee that our agencies are attempting to do more than the present staffs can manage and that the plan in operation at present would have to be somewhat curtailed.

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II. Advanced Post-Graduate Students Preparing for Positions of Supervision, Administration, and Specialities in Public Health Nursing.

III. Advanced Clinical Personnel Preparing for Fields other than Public Health Nursing.

It was recommended that the agencies set up their ratio of categories determining the number of students and the amount of time per student they could plan for and following this, an allocation committee should be set up which would not be composed of public health nursing agencies' representatives as it is at present. A report will have to go to the Nursing Council regarding the Survey recommendations which have been considered and the decision of the committee regarding these.

The Committee considered trying to develop other agencies for student observation but felt that the New England Regional Planning group and the Field Training Program being organized by the State Department of Education.

The Committee also felt that some consultation with the Joint Education Committee of the National Organization for Public Health Nursing (NOPHN) and the National League of Nursing Education would be necessary before decisions could be made regarding three of the survey recommendations. Therefore, it was agreed that Miss Irene Carr be invited to meet with the Committee to discuss this whole problem, which was arranged.

A fifth recommendation regarding the Nursing Council taking leadership for planning experience for graduate students as well as basic students is being carried out.

The sixth recommendation referred to this Committee was concerned with application of the new cost accounting method being developed by the NOPHN to determine the cost of all types of student public health nursing field experience. The Committee felt this could not be carried out until necessary information was received from the NOPHN.

On June 13, 1950 the Committee reported these recommendations to the parent committee as above, and recommended that consideration be given to students in the following order:

I. Basic Students
   A. Those in collegiate programs.
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II. Advanced Post-Graduate Students Preparing for Positions of Supervision, Administration, and Specialities in Public Health Nursing.
III. Advanced Clinical Personnel Preparing for Fields other than Public Health Nursing.

It was also recommended that the agencies set up their ratio of categories determining the number of students and the amount of time per student they could plan for. When this is done, an Allocation Committee should be set up which would have wider representation than it does at the present time.

Respectfully submitted,

Elizabeth Andrews, R.N., Chairman

Ruth Sleeper, R.N.
Rita Kellener, R.N.

Muriel Vasey, R.N., Ex-Officio

Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
SECRETARY

DSH:cr

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Respectfully submitted,

DOROTHY S. HAYWARD, R.N.
SECRETARY

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NURSING COUNCIL

SUB-COMMITTEE TO STUDY SURVEY RECOMMENDATIONS RELATING TO THE PROGRAM OF OBSERVATION AND AFFILIATION FOR STUDENTS AND GRADUATES IN PUBLIC HEALTH NURSING

ANNUAL REPORT
March 15, 1951

This Committee held three meetings and very carefully reviewed the recommendations in the Greater Boston Community Survey regarding the program of observation and affiliation for students and graduates in public health nursing agencies, which had been referred to it.

The Committee considered trying to develop other agencies for student observation but felt that the New England Regional Planning group and the Field Training Program being organized by the State Department of Health might have the solution.

The Committee also felt that some consultation with a member of the Joint Education Committee of the National Organization for Public Health Nursing (NOPHN) and the National League of Nursing Education would be necessary before decisions could be made regarding three of the survey recommendations. Therefore, it was agreed that Miss Irene Carn be invited to meet with the Committee to discuss this whole problem, which was arranged.

A fifth recommendation regarding the Nursing Council taking leadership for planning experience for graduate students as well as basic students is being carried out.

The sixth recommendation referred to this Committee was concerned with application of the new cost accounting method being developed by the NOPHN to determine the cost of all types of student public health nursing field experience. The Committee felt this could not be carried out until necessary information was received from the NOPHN.

On June 13, 1950 the Committee reported these recommendations to the parent committee as above, and recommended that consideration be given to students in the following order:

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III. Advanced Clinical Personnel Preparing for Fields other than Public Health Nursing.

It was also recommended that the agencies set up their ratio of categories determining the number of students and the amount of time per student they could plan for. When this is done, an Allocation Committee should be set up which would have wider representation than it does at the present time.

Respectfully submitted,

Elizabeth Andrews, R.N., Chairman

Ruth Sleeper, R.N.
Rita Kelleher, R.N.

Muriel Vesey, R.N., Ex-Officio

NURSING COUNCIL OF UNITED COMMUNITY SERVICES

REPORT OF THE SPECIAL SUB-COMMITTEE TO CONSIDER METHODS OF REIMBURSEMENT OF THE AGENCIES FOR STUDENT OBSERVATIONS

March 14, 1950

The committee was appointed in 1948, and the members, Miss Sullivan of the School Department and Miss Elsa Storm of the Peter Bent Brigham Hospital, met with the chairman on January 26, 1949. At this meeting there was considerable discussion of possible ways of reimbursing the School Department and the Health Department in particular. No satisfactory conclusions were reached. At this meeting Miss Sullivan explained that because the discussion was about financial matters, it would not be possible for her to remain as a member of the committee.

Miss Lyndon McCarroll, President of the Massachusetts League of Nursing Education, was appointed in Miss Sullivan's place.

Miss McCarroll, Miss Storm, and the chairman met on March 8, 1949. It was agreed to inquire of the Board of Directors of the State League, of which Miss McCarroll was chairman, if they felt that a matter such as this might come within the province of the League.

It was thought that funds collected by payment made by the schools of nursing for observations might, when accumulated, provide tuition for staff members of the agencies for graduate courses.

The Board of Directors of the State League were of the opinion that the matter should be referred to the Eastern League of Nursing Education for decision.

In April, 1949, notification was received that the Board of Directors had voted not to assume this function.

The committee has not found a solution to the problem, namely, to find a suitable way to reimburse the public and private agencies for the time their staff members give to student observations.

They are of the opinion that the present method of reimbursing the Health Department is not a satisfactory one and that some other procedure should be devised.

They would like to recommend that a group continue considering this problem with the possible aim of arranging for the schools whose students have observations to plan a program which would be of value to the staff nurses in the public health agencies.

The committee also recommends that the results of the cost analysis for student observation now being conducted by the NOPHN be used as a basis for payment for private agencies which give student observations.

Respectfully submitted,

Muriel B. Vesey, Chairman

NURSING COUNCIL OF GREATER CONCORD AREA

REPORT OF THE SPECIAL SUB-COMMITTEE TO CONSIDER A METHOD OF REVITALIZING
OF THE ASSOCIATION FOR STUDENT OBSERVATIONS

March 14, 1950

The committee was completed in 1949, and has endeavored with Miss Sullivan of the School Department and Miss Miles Sloan of the Peter Bent Brigham Hospital, met with the chairman on January 26, 1950. At this meeting there was considerable discussion of possible ways of reactivating the School Department and the Health Department in particular. No satisfactory conclusions were reached. At this meeting Miss Sullivan explained that because the discussion was about financial matters, it would not be possible for her to remain as a member of the committee.

Miss Weston Wyman, President of the Massachusetts League of Nursing Education was approached in Miss Sullivan's place.

Miss Wyman, Miss Sloan, and the chairman met on March 8, 1950. It was agreed to inform of the Board of Directors of the Girls League, of which Miss Wyman is a member, if they felt that a meeting at this time could be profitable.

It was thought that funds collected by request made by the schools of nursing for observation sites, when accumulated, provide initiation for staff members of the agencies for graduate courses.

The Board of Directors of the Girls League made of the opinion that the matter should be referred to the Eastern League of Nursing Education for decision.

In April, 1950, notification was received that the Board of Directors had voted not to pursue this function.

The committee has not found a solution to the problem, namely, to find a suitable way to reimburse the public and private agencies for the time their staff members give to student observations.

They are of the opinion that the present method of reimbursing the Health Department is not a satisfactory one and that some other procedure should be devised.

They would like to recommend that a group meeting conducting this problem with the possible aim of arranging for the schools where students have observations to plan a program which would be of value to the staff members in the public health agencies.

The committee also recommends that the results of the best available for student observation for being conducted by the SCNGA be used as a basis for request for private session which give student observations.

Respectfully submitted,

Muriel M. Tuson, Chairman

1-213: 1FA5c2 Academic + Clinical Relationships I-School of Nursing